DOCUMENT RESUME

ED 042 300 EC 006 150

| | |
|---|---|
| AUTHOR | Gaver, Kenneth D. |
| TITLE | Mental Health Division Programs. |
| INSTITUTION | Oregon State Board of Control, Salem. |
| PUB DATE | Jan 69 |
| NOTE | 81p. |
| EDRS PRICE | EDRS Price MF-$0.50 HC-$4.15 |
| DESCRIPTORS | *Budgeting, *Emotionally Disturbed, *Exceptional Child Services, Mental Health Programs, *Mentally Handicapped, Program Administration, Residential Programs, *State Programs |
| IDENTIFIERS | Oregon |

ABSTRACT

Information is provided concerning state mental health services in Oregon, including estimates of need and organization of the Mental Health Division. Major thrusts of the 1969-71 budget are detailed as are administrative considerations in budget preparation. Also covered are hospitals for the mentally ill, hospitals for the mentally retarded, nonhospital programs, and problems for the future. (JD)

ED042300

# MENTAL HEALTH DIVISION PROGRAMS

Kenneth D. Gaver, M.D.
Administrator
Mental Health Division
Oregon State Board of Control

Prepared for

Joint Ways and Means Committee
Fifty-fifth Legislative Assembly of Oregon

January 13, 1969

EC 006 150E

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL OFFICE OF EDUCATION POSITION OR POLICY

ED042300

CONTENTS

INTRODUCTION . . . . . . . . . . . . . . . . . . . . . . . . . 1

EXTENT OF THE PROBLEM . . . . . . . . . . . . . . . . . . . . 2

ORGANIZATION OF MENTAL HEALTH DIVISION . . . . . . . . . . . . 5

MAJOR THRUSTS OF 1969-71 BUDGET . . . . . . . . . . . . . . . 9

- Improvement of Basic Patient Care . . . . . . . . . . . . . 9
- Improved Services to Children and Adolescents . . . . . . . 10
- Community Programs for the Mentally Retarded . . . . . . . . 12
- Reorganization and Improved Management, Planning, and Program Integration . . . . . . . . . . . . . 12
- Activation of Remodeled Ward at Eastern Oregon Hospital and Training Center . . . . . . . . 14
- Improvements in Psychiatric Security Program at Oregon State Hospital . . . . . . . . . . . . . . . . . . . 15
- Staff for Replacement of Declining Patient Work Contribution . . . . . . . . . . . . 16
- Community Mental Health Clinic Grant-in-Aid . . . . . . . . 17
- Elimination of Farm Program at Fairview Hospital and Training Center . . . . . . . . . . . 18
- Staffing of Hospitals and SCOPE . . . . . . . . . . . . . . 18

ADMINISTRATIVE CONSIDERATIONS IN BUDGET PREPARATION . . . . . . 19

- Central Purchasing . . . . . . . . . . . . . . . . . . . . . 19
- Price Increase Factor . . . . . . . . . . . . . . . . . . . 20
- Tort Liability Insurance . . . . . . . . . . . . . . . . . . 20

Capital Outlay Budgeting . . . . . . . . . . . . . . . . . . . . 21

Holiday Pay . . . . . . . . . . . . . . . . . . . . . . . . . . 21

Food Costs . . . . . . . . . . . . . . . . . . . . . . . . . . . 23

HOSPITALS FOR THE MENTALLY ILL . . . . . . . . . . . . . . . . . 25

HOSPITALS FOR THE MENTALLY RETARDED . . . . . . . . . . . . . . 34

NONHOSPITAL PROGRAMS

Administration . . . . . . . . . . . . . . . . . . . . . . . . . 42

Community Services Program . . . . . . . . . . . . . . . . . . . 42

Alcohol and Drug Program . . . . . . . . . . . . . . . . . . . . 50

Community Programs for the Mentally Retarded . . . . . . . . . . 50

PROBLEMS FOR THE FUTURE . . . . . . . . . . . . . . . . . . . . 52

APPENDIXES

A. STATE FINANCIAL COMMITMENT TO MENTAL HEALTH PROGRAMS . . . . 54

B. CAPITAL CONSTRUCTION (MEMORANDUM) . . . . . . . . . . . . . . 59

C. REIMBURSEMENT (MEMORANDUM) . . . . . . . . . . . . . . . . . 63

D. UTILIZATION OF FEDERAL FUNDS AUTHORIZED UNDER SECTION 314(d) OF PUBLIC HEALTH SERVICE ACT, AS AMENDED (FORMER "CATEGORY" GRANT) . . . . . . . . . . . . . . . . . 66

# INTRODUCTION

Mental health services have traditionally been the responsibility of state government--since early in the history of this country. In 1862, Oregon began caring for the mentally ill at the Oregon Hospital for the Insane located in East Portland. In 1883, Oregon State Hospital was erected on its present site.

While the mental health program has emphasized the provision of care and treatment of the mentally ill and mentally retarded as a major responsibility, the term "mental health" connotes something much more extensive. Mental health refers to the preservation and promotion of the emotional, intellectual, physical, and social capabilities of the individual. Mental health is concerned with facets of living above and beyond the maintenance of life and health per se. It is concerned with helping people to live, to feel, and to sense life more fully. It is concerned with helping people find solutions to the personal problems of living. Mental health is concerned with the very quality of life itself.

## EXTENT OF THE PROBLEM

The population of Oregon presumably suffers mental illness, mental retardation, and drug dependence, including alcoholism, to the same extent as do other states.

Of the various means of estimating the problem, the Baltimore Study of 1957 indicates that 10.86 percent of the noninstitutional population suffers diagnosable mental illness. An Oregon population of 2,042,500 persons would indicate that 221,800 persons are thus afflicted, as shown in Chart 1.

Only a small percentage of the population needs mental hospital care. On June 30, 1968, the state mental hospital population was 2,219. During the year 1967-68, there were 2,510 first admissions and 6,006 total admissions. Approximately 8,400 persons were seen as new patients in community clinics. Thousands more received care in their home communities, in private hospitals, and from private physicians.

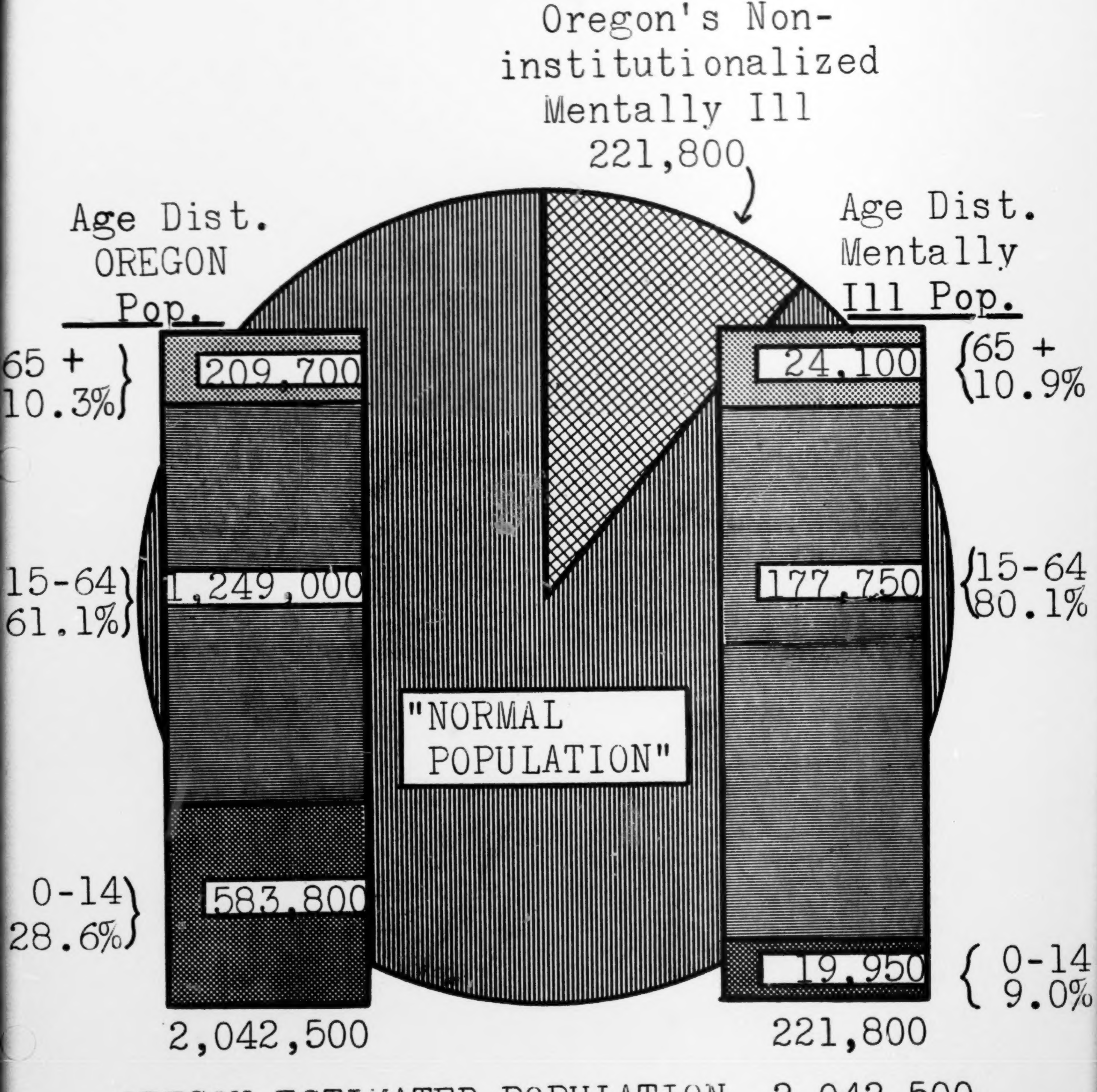
Various means of estimating the number of mentally retarded yield an estimate of 29,130 such persons as a minimum for Oregon, with perhaps as high as 60,000 persons. Again, only about one in ten requires institutional care. In June 1968, there were 3,490 persons in, or receiving services from, the three hospitals for the retarded. Chart 2 indicates the estimate of the number of retarded persons in the state and the kinds of services being received. Many are receiving no special programs or services.

The problem drinker constitutes a major mental health, law enforcement, and social problem. The Jellinek Formula yields an estimate of 55,193 such persons in Oregon. They play a significant role in highway accident fatalities and in law enforcement problems. They also account for about 20 percent of all admissions to state hospitals for the mentally ill.

In recent years, there has been a burgeoning problem in the use of drugs such as marihuana, LSD, amphetamine ("speed"), and other drugs. The incidence of serious narcotic addiction, e.g., to heroin, is small--perhaps only 150 to 300 persons. The number of persons who sniff glue, smoke marihuana, or "shoot speed" is high and is increasing; although there are no accurate estimates of the prevalence.

## CHART 1

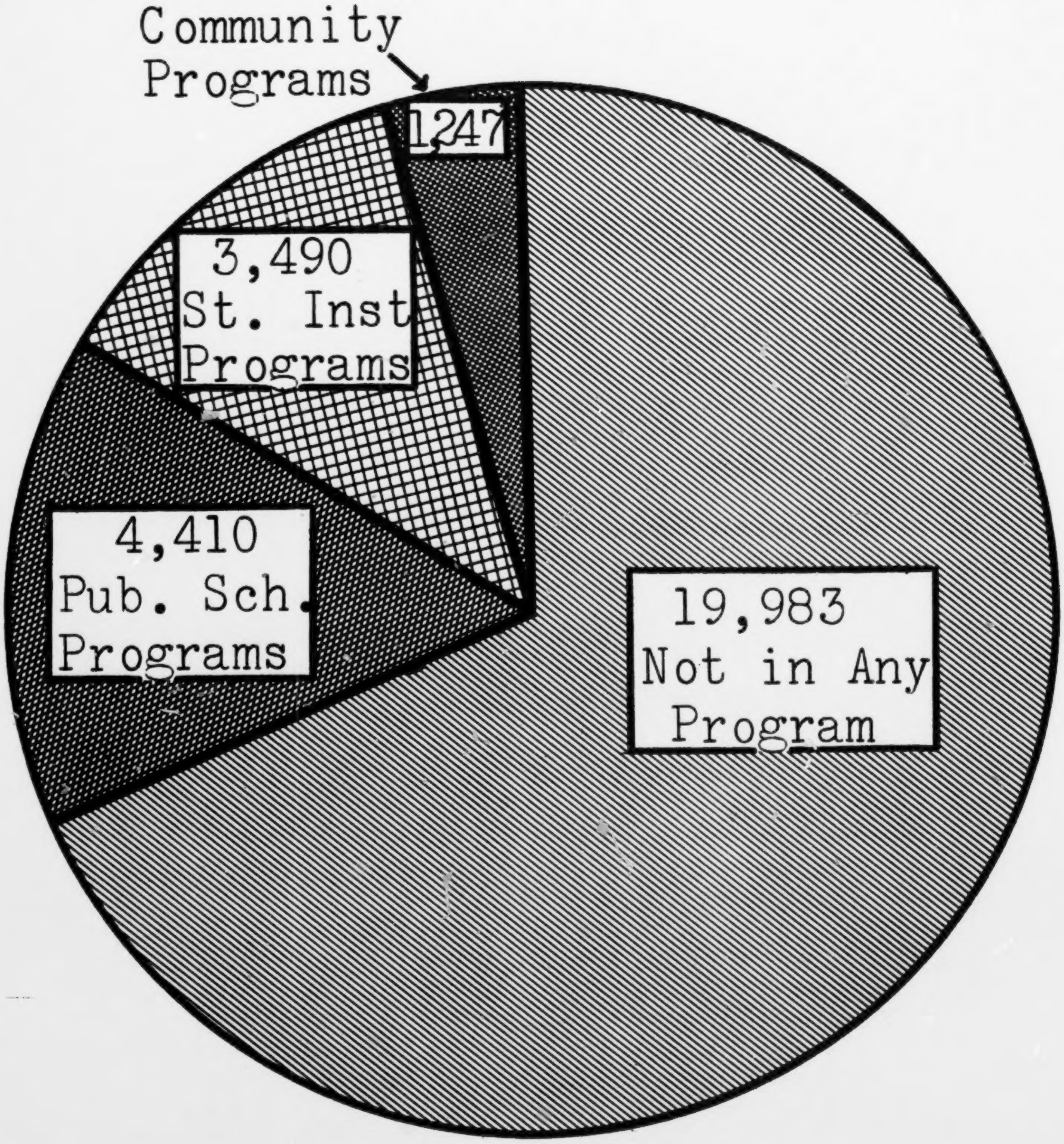
# PREVALENCE OF MENTAL HEALTH PROBLEMS OREGON 1968



OREGON ESTIMATED POPULATION 2,042,500

## CHART 2
## ESTIMATED MENTALLY RETARDED IN OREGON

MENTALLY RETARDED TOTAL 29,130



SOURCE: GOVERNOR'S COMMITTEE ON
MENTAL RETARDATION

# ORGANIZATION OF MENTAL HEALTH DIVISION

The Mental Health Division was established by action of the Fifty-first Legislative Assembly under authority of chapter 706, Oregon Laws 1961. The Division became operational on July 1, 1962. At that time, supervision, management, and administration of Oregon State Hospital, Dammasch State Hospital, Eastern Oregon Hospital and Training Center, Fairview Hospital and Training Center, and Columbia Park Hospital and Training Center were vested in an Administrator appointed by, and responsible to, the Oregon State Board of Control.

In addition to managing the hospital programs, the Division administers a grant-in-aid program to community mental health clinics through the Community Services Section. It also conducts educational and treatment-rehabilitation programs through the Alcohol and Drug Section. A special school for trainable mentally retarded children is operated in Clackamas County.

The Mental Health Division has functioned as an operating division of the Board of Control. The Governor's reorganization plan envisions its being one of the operating divisions of a Department of Social Services.

The present organization of the Division is illustrated in Chart 3. With the new programs recommended in the Governor's Budget, there will be some internal reorganization required by the creation of the Mental Retardation Section (Chart 4).

Included among the many responsibilities of the Mental Health Division are:

1. Provision of institutional services for the mentally ill and mentally retarded.

2. Assistance to local governments and other organizations in developing mental health services.

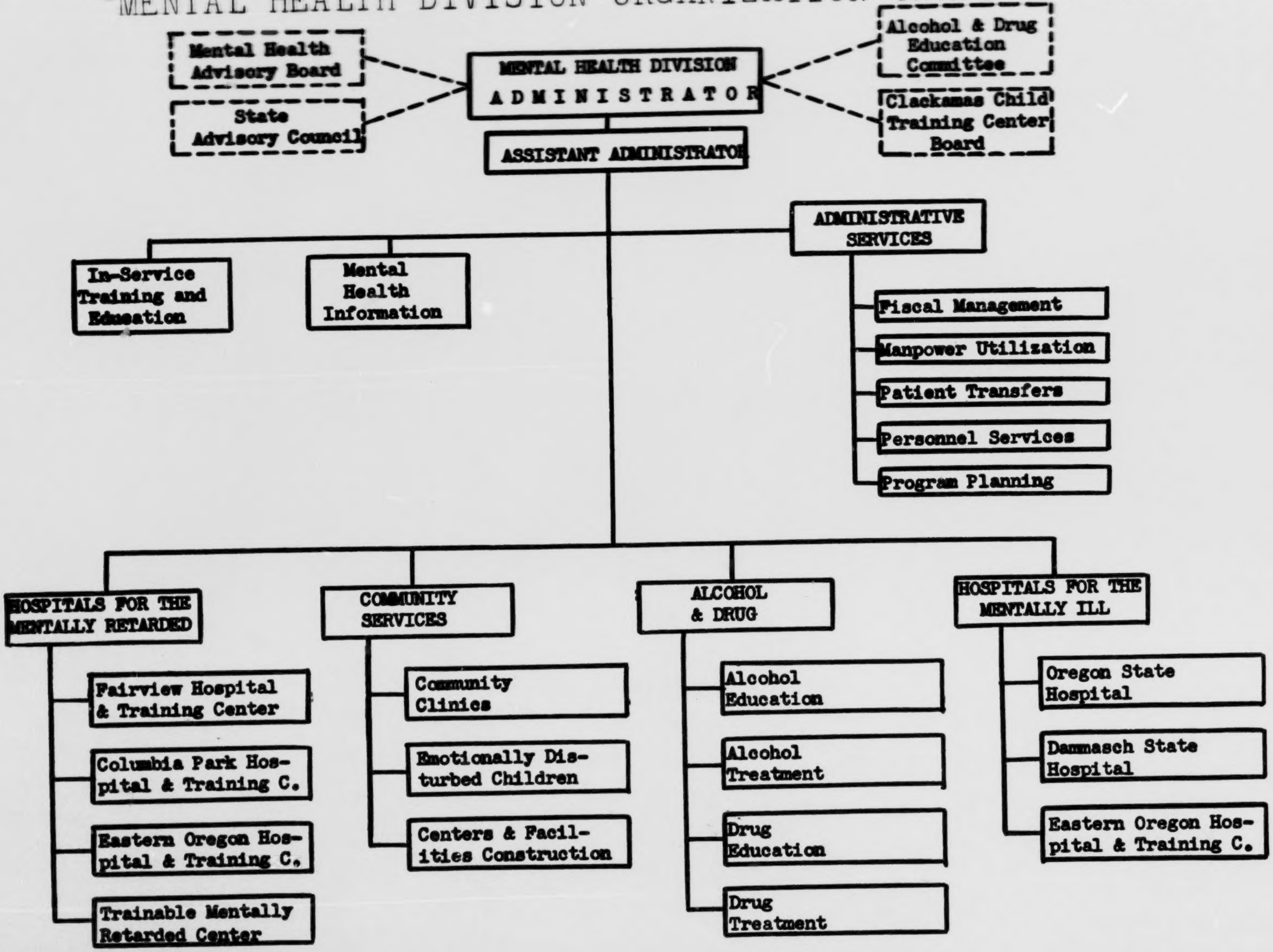
3. Coordination of the state's mental health program with other state agencies and private mental health services.

4. Promotion of public understanding of mental health problems, methods of prevention, and means of obtaining treatment and rehabilitation.

5. Conduct of research and evaluation and accumulation of statistics on mental illness and mental retardation.
6. Receipt and use of grants from Federal and other sources to promote mental health.

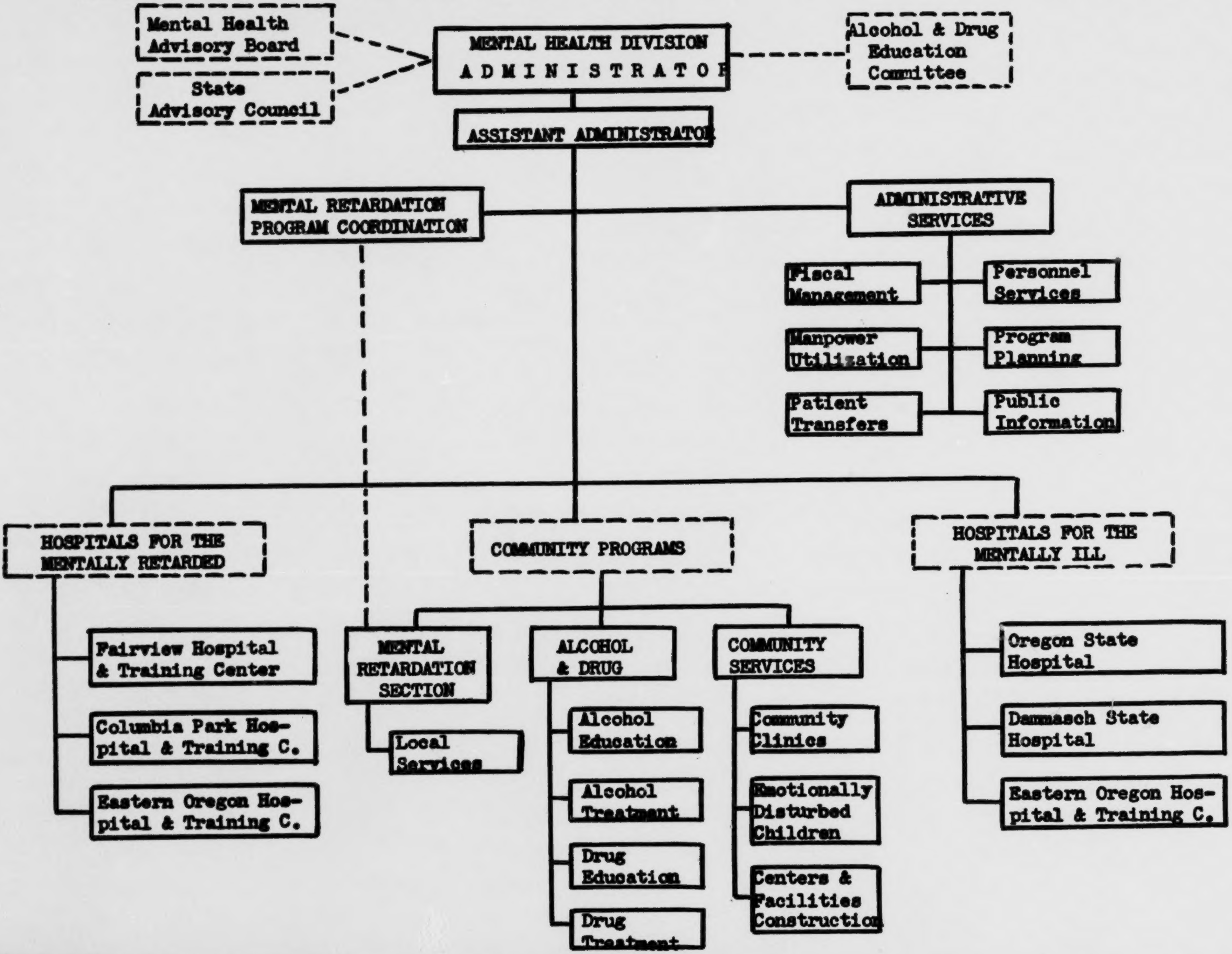
CHART 3

# MENTAL HEALTH DIVISION ORGANIZATION CHART - 1968-69


Mental Health Advisory Board
State Advisory Council
MENTAL HEALTH DIVISION ADMINISTRATOR
Alcohol & Drug Education Committee
Clackamas Child Training Center Board
ASSISTANT ADMINISTRATOR
ADMINISTRATIVE SERVICES
In-Service Training and Education
Mental Health Information
Fiscal Management
Manpower Utilization
Patient Transfers
Personnel Services
Program Planning
HOSPITALS FOR THE MENTALLY RETARDED
Fairview Hospital & Training Center
Columbia Park Hospital & Training C.
Eastern Oregon Hospital & Training C.
Trainable Mentally Retarded Center
COMMUNITY SERVICES
Community Clinics
Emotionally Disturbed Children
Centers & Facilities Construction
ALCOHOL & DRUG
Alcohol Education
Alcohol Treatment
Drug Education
Drug Treatment
HOSPITALS FOR THE MENTALLY ILL
Oregon State Hospital
Dammasch State Hospital
Eastern Oregon Hospital & Training C.

## CHART 4

# MENTAL HEALTH DIVISION ORGANIZATION CHART - 1969-71


Mental Health Advisory Board
State Advisory Council
MENTAL HEALTH DIVISION ADMINISTRATOR
Alcohol & Drug Education Committee
ASSISTANT ADMINISTRATOR
MENTAL RETARDATION PROGRAM COORDINATION
ADMINISTRATIVE SERVICES
Fiscal Management
Personnel Services
Manpower Utilization
Program Planning
Patient Transfers
Public Information
HOSPITALS FOR THE MENTALLY RETARDED
COMMUNITY PROGRAMS
HOSPITALS FOR THE MENTALLY ILL
Fairview Hospital & Training Center
Columbia Park Hospital & Training C.
Eastern Oregon Hospital & Training C.
MENTAL RETARDATION SECTION
Local Services
ALCOHOL & DRUG
Alcohol Education
Alcohol Treatment
Drug Education
Drug Treatment
COMMUNITY SERVICES
Community Clinics
Emotionally Disturbed Children
Centers & Facilities Construction
Oregon State Hospital
Dammasch State Hospital
Eastern Oregon Hospital & Training C.

## MAJOR THRUSTS OF 1969-71 BUDGET

The 1969-71 Mental Health Division budgets are based upon a series of goals and objectives formulated by Division and hospital personnel over a period of several months' discussion. As a result of these conferences, the mission of the Mental Health Division has been conceptualized. That mission is "to promote and preserve the mental health of the people of Oregon as its share in the obligation of the state to promote the general welfare and provide for the common good."

Several long-range goals are subsumed under this mission. They are: (1) the promotion of mental health; (2) the prevention of mental illness, mental retardation, and drug dependence; (3) the care and treatment of mentally ill, mentally retarded, and drug-dependent persons.

In accordance with Department of Finance regulations and Board of Control policy, the Division and hospital budgets have been developed to represent programs for 1969-71 aimed at continuing existing levels of service, making adjustments for workload changes, and implementing program improvements designed to achieve certain specified objectives.

The specific objectives implemented in the Governor's Budget for 1969-71 include the following: (1) improvement of basic patient care; (2) improved services to children and adolescents; (3) initiation of a program of community-based services to the mentally retarded (subject to legislative authorization); (4) improved management, planning, and program integration.

Other specific objectives are: (1) activation of one remodeled ward at Eastern Oregon Hospital and Training Center; (2) improvements in the psychiatric security program at Oregon State Hospital; (3) additional staff to replace the declining patient work contribution; (4) increase in community mental health clinic grant-in-aid; (5) elimination of the farm program at Fairview Hospital and Training Center.

This section of the report also will make reference to the SCOPE (Staffing the Care Of Patients Effectively) project.

### Improvement of Basic Patient Care

Staffing levels during the present biennium have been slightly lower than those achieved at the end of 1965-67. The present budget calls for improvements in the aide and nurse staffing of wards and cottages.

The hospital budgets reflect the level of ward and cottage staffing authorized by the Regular Session of the 1967 Legislative Assembly. The staff additions largely represent those positions which had been authorized at the beginning of the 1967-69 biennium but which were eliminated by the Special Session in the fall of 1967. The levels now being requested therefore reflect a policy previously adopted by the Legislature but subsequently amended due to fiscal limitations. These positions account for approximately $585,000 of the increase over the present operating level.

Preliminary information derived from the first two SCOPE surveys will be available for legislative scrutiny relative to the recommended staffing levels.

A second budget component designed to improve basic patient care consists of those items of supplies and improvements designated as humanization items for which higher levels of procurement are requested or for which funds have not previously been available. This component includes such items as paper napkins, drinking cups, doors on toilets, increased supplies of clothing, lockers for patients' clothing, plasticized mattresses, and prosthetic devices.

A hospital setting should provide the essentials of privacy and human dignity. To so provide will require additional funding. No effort has been made to accomplish all procurement objectives. Instead, this improvement is recommended for implementation over the three biennia spanning the years 1969 through 1975. It is believed that these improvements will contribute to increased patient comfort, improved adaptation or adjustment of patients, and enhanced morale of both patients and staff. These requests are as follows:

| | |
|---|---|
| Oregon State Hospital | $ 52,215 |
| Dammasch State Hospital | 840 |
| Eastern Oregon Hospital and Training Center | 18,633 |
| Fairview Hospital and Training Center | 105,275 |
| Columbia Park Hospital and Training Center | 500 |
| Total | $177,463 |

## Improved Services to Children and Adolescents

Under the pilot project authorized by the Fifty-fourth Legislative Assembly (chapter 455, Oregon Laws 1967), a contract to provide intensive diagnostic, evaluative, and treatment planning services was negotiated between the Mental Health Division and Edgefield Lodge, a facility of Multnomah County. The contract limits services to children 12 years of age and younger and provides care for five children at a time. Services commenced in October 1968. Continuation of this pilot project for another two years is recommended to allow for accumulation of a sufficient number of cases for assessment of treatment needs in the future. An additional sum of $150,000 has been requested for development of a second contract--hopefully in a different setting.

Even with the pilot program, it is apparent that many adolescent boys and girls will be hospitalized in the mental hospitals. At any one time, there are about 20 youngsters at Dammasch State Hospital and 50 to 60 at Oregon State Hospital. Only a small number enter Eastern Oregon Hospital and Training Center. In the period of 1966-68, there were 463 admissions to the mental hospitals of children aged 17 and under. The hospitals plan to improve the services for adolescents by developing special services for them. There will be a program of activities, education, and group psychotherapy specifically tailored to their needs.

The program at Oregon State Hospital would require a Psychologist 3, a Social Worker 3, two Recreational Therapists, and additional services and supplies and capital outlay. Dammasch State Hospital would require similar personnel, services and supplies, and capital outlay, except that only one Recreational Therapist is requested.

These adolescent treatment programs are modest-cost improvements of about $80 per month per child in additional expenses. The experience base acquired will provide the nucleus for future program development.

The cost of the package of services will be as follows:

| | |
|---|---|
| Continue present Purchase of Care | $274,800 |
| Expand Purchase of Care | 150,000 |
| Dammasch State Hospital | 53,295 |
| Oregon State Hospital | 85,522 |
| Total | $563,617 |

A special report summarizing the services available or needed for children is being prepared for the 1969 Legislative Assembly. This report will be presented as a separate document.

At this time, the adolescent treatment programs proposed at the two hospitals do not include segregated living facilities. The decision to program in this fashion is based upon a series of visits to various hospitals in the United States made by Dr. Edward W. Speth of the Mental Health Division. It is apparent that opinion is divided. Some experts favor segregated living quarters, while some do not. Administrative, structural, and cost problems are much simplified by the proposal for non-segregated living quarters. A base of experience can be developed without a commitment to expensive and difficult-to-alter space provisions.

## Community Program for the Mentally Retarded

The Governor's Budget for 1969-71 reserves $400,000 for grant-in-aid and $98,214 for staff and supplies for a community-based program for the trainable mentally retarded. Legislation to authorize a broad spectrum of services will be requested. The funding request will limit the initial program to classroom services to the trainable retarded.

Of the estimated 29,130 retarded persons in Oregon, 12 percent are in institutional programs; 15 percent are in public school programs for the educable retarded; 4.3 percent are in community programs; and 68.6 percent are in no program.

Existing private and public school classes for the trainable retarded now provide some type of service to approximately 646 youngsters. Most of these are parent-sponsored and minimally-funded services operating without any consistent standards for program or personnel.

A major problem in program development and integration is the need for specialized personnel in the field of mental retardation in the Mental Health Division central office. In the past several years, the mental retardation institutional program has grown both as to dollar volume and average daily census to a point that it is larger than the mental hospital program. There is a significant need for community-based programs of diagnosis, evaluation, training, and rehabilitation services for the retarded. Institutional and community programs should be developed in coordination. There has, however, been no provision on the Division staff for persons skilled in the professions relating to mental retardation.

The Governor's Budget recommends four new staff positions to administer the community program for the retarded and to form the nucleus for future regionally-based personnel. Those four positions are: (1) Education Specialist 6, (2) Education Specialist 4, (3) Executive Assistant 2, and (4) Secretary 3.

The Education Specialist 6 will direct the new Mental Retardation Section. In addition, he will function in a staff role to the Administrator to coordinate program planning in the hospitals for the mentally retarded and between the hospitals and the community.

## Reorganization and Improved Management, Planning, and Program Integration

Late in 1967, Governor Tom McCall instructed the Department of Finance to review the organizational structure of the Board of Control and proposed a reorganization that would clarify the responsibilities of the three principal officers reporting to the Board, thereby achieving optimum program effectiveness. The Department of Finance recommended strengthening of the administrative staff of the Mental Health Division; so that the

Administrator, under the direction of the Board of Control, would be able knowledgeably to coordinate and direct all treatment and administrative facets of the Division programs.

On March 12, 1968, the Board of Control adopted a formal policy stating that the function of the Division Administrator is to direct, coordinate, and administer the various services of the Division in accordance with Oregon Revised Statutes, Board of Control policies, and legislative policy. In carrying out this responsibility, the Administrator was given sufficient authority to take all necessary action consistent with the policy adopted by the Board of Control and with the statutes. The Administrator is considered singularly responsible for the Division's operation.

The Mental Health Division requested the transfer or establishment of several positions to implement the necessary reorganization. Only two positions were transferred to the Division to cover the revised responsibilities. These are the positions of Budget Officer and one secretary. Management Analyst and Personnel Officer positions were not transferred. The Division budget request also included a second Budget Officer not approved in the Governor's Budget.

Within the General Administration Section of the Mental Health Division, certain positions were given added responsibilities or revision of duties in order to comply with the requirements of the reorganization. An Administrative Services Section was established within the General Administration Section. The Executive Assistant position was reclassified to Director of Administrative Services. The Research Analyst and Clerk 4 were transferred to the Administrative Services Section, along with the two positions transferred from the Board of Control staff. With the adoption by the Division of the SCOPE program concept, the position of SCOPE Coordinator was also assigned to the Administrative Services Section.

The functions of planning, program development, budget development and review, and allotment control have, in the past, been scattered into diversified units. They are now centralized in the Administrative Services Section. This Section works with the Administrators, Superintendents, and Section Directors to provide administrative, supportive, and organizational resources, including fiscal controls. Centralized accounting, reimbursement, and biometrics sections remain under the Board of Control staff; but the Administrative Services Section draws heavily upon those resources.

An improved management information system is under development. This system will initially emphasize improvement of data regarding patient movements and patient census. It will focus principally upon Mental Health Division hospitals. As the system is developed over the next two to five years, additional component parts may be built in, including SCOPE staffing data, building maintenance data, facilities inventory information, and perhaps even automated inventory analysis.

The Administrative Services Section will also develop and store central data and program formulations necessary to achieve long-range planning and program integration. It will also be responsible for the many business, fiscal, and administrative tasks required at the Division level.

A long-standing weakness in administrative services lies in the area of personnel services. The full-time position of Personnel Officer in the office of the Secretary of the Board of Control helped alleviate the situation somewhat, but the demands on his time made obvious the need of a Division Personnel Officer to develop and administer a comprehensive personnel program for more effective utilization of personnel services.

It is the belief of the Division that staff allocations in its hospitals should be based upon a measurable workload. SCOPE is a system under which patient needs are evaluated in terms of nursing services required. It is a management control system designed to budget and maintain nursing staffing levels in balance with work to be done. Because patient populations in mental hospitals change constantly, adoption of the SCOPE System requires periodic review. For the continued effective administration of SCOPE, the position of Program Assistant should be continued. This position was established administratively on June 25, 1968, with the knowledge of the Legislative Fiscal Committee and the Emergency Board. Forced vacation of the Psychologist 5 position was necessary to secure funds for the SCOPE project.

The Program Assistant will also provide technical assistance in developing standards for other areas of staffing for patient care in the future. He will be specifically responsible for the SCOPE System and will have no personnel officer responsibilities.

## Activation of Remodeled Ward at Eastern Oregon Hospital and Training Center

Two wards were remodeled at Eastern Oregon Hospital and Training Center during 1967-69 to care for profoundly and severely retarded patients. One ward is to be opened about February 1, 1969. The second is scheduled for activation in July 1969. Biennial operational costs will be $262,900.

No further remodeling is contemplated at Eastern Oregon Hospital at this time. Additional facilities to care for severely retarded will be made available by the integration into Columbia Park Hospital and Training Center of some residents from Meier and Holderness Cottages at Fairview Hospital and Training Center. Only minor capital improvement of Curry Cottage at Columbia Park Hospital will be required.

## Improvements in Psychiatric Security Program at Oregon State Hospital

The Psychiatric Security Unit at Oregon State Hospital constitutes a rather special problem in planning and budgeting. This unit was authorized in 1965. Ward 38, the old maximum security ward, was enhanced by the addition of two more men's security wards, providing 74 beds for male patients. Remodeling was completed in June 1966. Total remodeling costs were $59,282.

A fourth ward to provide services for women patients was authorized during 1967-69. Remodeling of old Ward 6 was carried out at a cost of $3,500 to provide space for 25 women.

The 1967-69 estimated operating expenditures for this unit total $859,956. The base operating budget for 1969-71 is $959,696.

A number of problems are apparent with this special program, as follows:

1. This present unit was remodeled as an interim solution for the psychiatric security needs. Only one ward is truly secure. The integration with facilities providing adjunctive and rehabilitative programs is less than optimal.

2. Services requested by criminal courts and other institutions and the care of sexual offenders have required this unit to operate at near capacity.

3. As an aftermath of the Oregon State Penitentiary riot in March 1968, it was recommended that an additional psychiatric security ward of 30 beds should be made available. This has been requested for the 1969-71 budget. The costs for the biennium will be $262,900, including remodeling.

4. The Mental Health Division capital construction program originally called for funds for 1969-71 to plan a completely new psychiatric security unit to be constructed in 1971-73. The first crude cost estimate from Oregon State Hospital was $708,328. A Mental Health Division recommendation to the Board of Control was for $900,000.

   The Board, however, acted to appoint an architect to develop a preliminary plan and cost estimate for construction during 1969-71. That cost estimate was $2,145,000 for construction of a 270-bed unit. Considerable further planning has been done. No revised estimate of bed needs or costs is yet available.

At this time, the Governor's Budget requests only planning funds, with construction scheduled for 1971-73. The remodeling and staffing of one additional ward will, it is believed, provide space sufficient to handle the problem on an interim basis pending the outcome of the planning studies.

## Staff for Replacement of Declining Patient Work Contribution

Over the years, the character of the hospital populations has changed so that fewer physically able patients are available to participate in work-activity programs.

In spite of this, the patient contribution to the operation of the hospitals is sizeable. Two surveys were done--one in the hospitals for the retarded in September 1967, and one in the hospitals for the mentally ill in June 1968. The results of those surveys are shown in the following table.

Patient Work Contribution
1967-68

| | Mentally Ill | Mentally Retarded | Totals |
|---|---|---|---|
| Number of Patients | 955 | 716 | 1,671 |
| Total Hours Worked Per Week | 22,022 | 26,208 | 48,230 |
| Relative Work Efficiency | 61.9% | 29.8% | 44.4% |
| Average Hours Worked Per Week | 23.1 | 36.6 | 28.9 |
| Equivalency of FTE Positions | 340.2 | 195.4 | 535.6 |

Another survey in the hospitals is currently under way.

The availability of patient labor continues to decline due to the fact that those patients capable of doing productive work are being returned to the community. Their places are normally filled by other patients of considerably lower productivity. The maintenance of essential services within the hospitals requires the hiring of additional employees to do work formerly performed by patients.

A number of the staffing recommendations are either directly or indirectly related to the problem of decreasing patient labor. These include the following items.

| | |
|---|---|
| FHTC - Dietary | |
| 3 Institution Workers 2 | $ 27,825 |
| EOHTC - Housekeeping | |
| 1 Housekeeper | 9,755 |
| 2 Institution Workers 2 and Supplies | 19,534 |
| EOHTC - Dietary | |
| 2 Institution Workers 2 | 18,534 |
| EOHTC - Laundry | |
| 2 Laundry Workers | 19,561 |
| CPHTC - Physical Care | |
| 3 Custodial Workers | 29,393 |
| Total | $124,602 |

To be noted at Eastern Oregon Hospital and Training Center is the increasing percentage of the number of patients who are severely handicapped, profoundly and severely retarded, and unable to make a work contribution. The linen and clothing usage is very high and requires additional laundry and housekeeping assistance. The dietary needs are also more complex than the needs of the mentally ill population, which formerly constituted the greater share of the population. Additional staff is therefore necessary.

## Community Mental Health Clinic Grant-in-Aid

Continued growth in the community mental health clinic program will require $2,668,575 to continue existing programs and $773,217 for program improvement. Of the latter amount, $65,500 is earmarked to provide inpatient hospital services in the community mental health center at Sacred Heart Hospital in Eugene. The experience acquired therein will serve as a base for future programming and budgeting.

Recent changes in administrative rules will allow the Mental Health Division to develop community clinic program priorities more readily. By this mechanism, services contributing to continuity of care between the hospitals and the clinics can be enhanced.

## Elimination of Farm Program at Fairview Hospital and Training Center

Farm programs have been gradually phased out in the Mental Health Division hospitals over the past few years. Farming operations are of doubtful economic value to the hospitals today. They no longer provide meaningful activity for patients. Continued operations sometimes require absence of patients from educational or rehabilitative activities.

In accordance with the wishes of the Joint Ways and Means Committee of the 1967 Legislature, a study of the feasibility of continuing the farm operations was carried out. A copy of the report to the Board of Control dated June 27, 1968, with an addendum dated January 2, 1969, is available as a separate document.

It is recommended at this time that all farm programs at Fairview Hospital and Training Center, except the hog and poultry operations, be phased out. The Governor's Budget provides for this recommendation.

## Staffing of Hospitals and SCOPE

The perennial problem of determining the staffing needs and allocations to the hospitals for the mentally ill and mentally retarded has resulted in the evaluation of several methods for computing staffing needs.

In the past and in the 1969-71 budget, ward and cottage staff needs have been computed on the basis of judgmental standards developed by the American Psychiatric Association and the American Association on Mental Deficiency. Because of the acknowledged shortcomings of such standards, a decision was made to try to develop a new staffing methodology.

The system selected was SCOPE, a method of estimating staffing needs based upon actual measurement of patient care requirements by an industrial engineering study then converted into staff workload. The SCOPE System (Staffing the Care Of Patients Effectively) was developed by Aerojet-General Corporation and the California Department of Mental Hygiene. A trial application of this staffing methodology in all five Mental Health Division hospitals was done during September and October 1968. A second survey was initiated in early December, and a third is to be done in March 1969.

The results of the SCOPE studies will be available for legislative scrutiny. The feasibility of an Oregon SCOPE methodology for determining and allocating staff will be presented by the Division.

Preliminary indications are that SCOPE can provide improved hospital management, better estimates of patient care needs, and a more rational basis for budgeting.

A special report on the SCOPE project is available as a separate document.

# ADMINISTRATIVE CONSIDERATIONS IN BUDGET PREPARATION

The Governor's Budget for 1969-71 contains several features relating to special administrative concerns affecting the Mental Health Division and the hospitals.

These features represent unified approaches to problems relating to cost of living increases, costs resulting from statutory requirements and regulations promulgated by executive agencies, recent experience in vacation and sick leave accrual and usage, and equipment replacement.

Each of these areas is discussed separately. Also included is a summary of the foodstuffs budgets for Mental Health Division hospitals with a brief discussion of the methods employed.

## Central Purchasing

The 1969-71 recommended budget includes amounts to pay assessments to the Department of General Services for centralized purchasing. Funds for this purpose were not budgeted during 1967-69.

The amounts recommended are as follows:

| | |
|---|---|
| Mental Health Division | $ 100 |
| Oregon State Hospital | 9,748 |
| Dammasch State Hospital | 3,700 |
| Eastern Oregon Hospital and Training Center | 5,238 |
| Fairview Hospital and Training Center | 15,600 |
| Columbia Park Hospital and Training Center | 3,600 |
| Total | $37,986 |

These amounts are based on current assessments.

## Price Increase Factor

The 1969-71 recommended budget uses, generally, a price adjustment factor of 4.64 percent for Services and Supplies items. (In a few instances and for specified items, some hospitals have used factors other than 4.64 percent. These other factors, when used, reflect documented experience significantly different from 4.64 percent.)

This factor is based upon information from the Consumer Price Index published by the U.S. Department of Commerce. A review of Consumer Price Index data revealed that during the two-year period of 1965-67 the cost of nondurable goods increased at a rate of 4.64 percent. Indications are that at least this rate of increase will continue through 1969-71.

Where employed, the factor is used in relation to those Services and Supplies items which are budgeted on the basis of past expenditure levels, rather than projected unit costs.

The factor is applied using the following formula:

1967-68 expenditures x 2 x 1.0464 = 1969-71 requirement

## Tort Liability Insurance

The 1969-71 recommended budget provides funds for payment of tort liability insurance premiums. Such coverage has been required since July 1, 1968, as the result of action by the 1967 Legislature.

The amounts necessary are as follows:

| | |
|---|---|
| Mental Health Division | $ 4,007 |
| Oregon State Hospital | 52,589 |
| Dammasch State Hospital | 18,423 |
| Eastern Oregon Hospital and Training Center | 33,092 |
| Fairview Hospital and Training Center | 68,133 |
| Columbia Park Hospital and Training Center | 12,002 |
| Total | $188,246 |

Professional malpractice insurance funds are not budgeted for 1969-71 in view of tort liability coverage.

## Capital Outlay Budgeting

Mental Health Division hospitals are budgeted for capital outlay on a 20-year replacement basis for minor items. Each program includes a lump sum equal to 5 percent per year (10 percent per biennium) of the total value of all minor equipment used in that program. Replacement of minor equipment will be from this lump sum. Major equipment replacements are itemized.

The definition of major items varies according to the peculiarities of individual programs. For example, in most programs, items costing less than $1,000 are not considered major and are, therefore, not itemized for replacement purposes. However, in a program such as administration, which has little expensive equipment, replacement of items costing considerably less than $1,000 will be specified.

Exceptions to the above guidelines are as follows:

1. In all Medical Care programs, replacement of minor equipment is budgeted on a 10-year basis. Therefore, these programs include lump sums for minor equipment replacement equal to 10 percent per year (20 percent per biennium) of the total value of all minor equipment used in the program. Minor equipment is strictly defined as that costing $1,000 or less. All replacements of equipment costing in excess of $1,000 are itemized.

2. Some programs are so small as to make budgeting on the basis of 5 percent replacement per year impracticable. In those instances, all equipment replacements are itemized.

3. All vehicles are considered major equipment; their replacement is therefore itemized.

4. All new acquisitions are itemized.

The approach to capital outlay budgeting outlined above is being employed in order to enhance management flexibility in this area. The present method of itemizing virtually all replacements necessitates approval of budget deviations in matters having small substantive impact. The percentage replacement approach also reduces the amount of minute detail included in the budget document.

## Holiday Pay

Civil Service Rule 91-100 requires that after July 1, 1969, employees must be compensated at the rate of time and one-half for time worked on holidays. This will create an additional cost factor in those hospital areas which require 7-day coverage.

The solution to this problem proposed by the Mental Health Division was to revise the post relief factor upward to account for the additional cost. (A factor of 1.56 for posts requiring 7-day coverage has been used for approximately 10 years.) This solution was, however, directed to more than just the problem of holiday pay. It was intended to reflect recent experience in other areas covered by the post relief factor, i.e., sick leave usage, vacation accrual, holidays, and days off.

Accordingly, a factor of 1.60 was used by Mental Health Division hospitals in developing budgetary requirements for 1969-71 based on the following rationale.

Recent information provided by Mental Health Division hospitals indicates that the following allowances should be made for time lost per year for employees in posted positions:

| | |
|---|---|
| Sick leave usage | 9.8 days |
| Vacation accrual | 11.7 days |
| Regular days off | 104.0 days |
| Holidays | 11.8 days |
| Total Time Lost | 137.3 days |

(Note: The allowance for holidays includes provision for time and one-half for employees in posted positions who are required to work on holidays.)

Out of 365 total days per year, only 228 working days are available per employee. Therefore, 1.6 employees are required to cover one post 7 days per week. $\left(\frac{365}{228} = 1.6\right)$

In view of the attending additional cost, the 1.60 post relief factor was not recommended in the Governor's Budget. Therefore, the hospital budgets for 1969-71 continue to use the traditional 1.56 factor. However, special provision has been made in each hospital budget to provide for the increased cost resulting from the new Civil Service ruling. Lump sums are included in each budget as follows:

| | |
|---|---|
| Oregon State Hospital | $ 69,049 |
| Dammasch State Hospital | 24,657 |
| Eastern Oregon Hospital and Training Center | 37,573 |
| Fairview Hospital and Training Center | 91,720 |
| Columbia Park Hospital and Training Center | 16,649 |
| Total | $239,648 |

## Food Costs

Food costs for all Mental Health Division hospitals are developed by the Board of Control Food Administrator. In developing these costs, the following factors are reflected.

1. Projected unit cost. This cost is computed by the Oregon State University Extension Service and is based on unit prices actually paid, anticipated national crop yields, herd populations, world markets, and U.S. Government programs.

2. Food control. This is a method of computing the gross biennial cost using the unit costs developed by the Oregon State University Extension Service and quarterly rations per person based on the Moderate Cost Diet as defined by the U.S. Department of Agriculture.

3. Anticipated gifts. This consists of U.S. Department of Agriculture surplus commodities and spawning salmon from the Oregon Fish Commission.

4. Anticipated farm production. This is applicable only to Fairview Hospital and Training Center.

5. Special service charges. These charges include such items as meat fabrication, storage and distribution of fresh and frozen products and produce, service charges and distribution of bread and pastries from the Central Bakery at Oregon State Hospital, and charges for processing potatoes, root vegetables, and apples.

6. Differential freight costs at Columbia Park Hospital and Training Center and Eastern Oregon Hospital and Training Center.

Using these factors, the food budget is derived as follows:

Ration x meal census x unit cost + freight differential = Gross food cost.

(This procedure is followed for each of 148 items. The results are then summed to arrive at a total gross food cost.)

Gross food cost
Less gifts
Less frozen food savings
Less farm produce consumed
Plus special service charges
Equal total net food budget

It is estimated that food costs for the 1969-71 biennium will be $374,000 greater than for 1967-69. A summary of food budgets for Mental Health Division hospitals is shown on the following page.

## CHART 5

## FOOD BUDGETS
## MENTAL HEALTH DIVISION HOSPITALS

| Hospital | Meal Census | Total Gross Food Cost | Gifts | Frozen Food Savings | Farm Produce Consumed | Special Service Charges | Total Net Food Cost | Net Cost Per Person Per Day |
|---|---|---|---|---|---|---|---|---|
| OSH | 1,585 | $ 751,041 | -$ 47,091 | -$18,628 | ... | +$ 46,860 | $ 732,182 | $0.6328 |
| DSH | 447 | 211,677 | - 13,280 | - 5,253 | ... | + 10,800 | 203,944 | 0.6250 |
| EOHTC | 985 | 493,915 | - 29,265 | ... | ... | + 13,302 | 477,952 | 0.6646 |
| FHTC | 2,180 | 1,195,777 | - 64,769 | - 29,918 | -$186,193 | + 76,705 | 991,602 | 0.6231 |
| CPHTC | 532 | 251,890 | - 15,806 | ... | ... | + 13,670 | 249,754 | 0.6431 |
| Total | 5,729 | $3,904,300 | -$170,211 | -$53,799 | -$186,193 | +$161,337 | $2,655,434 | $0.6349<br>Average |

## HOSPITALS FOR THE MENTALLY ILL

Three hospitals operate programs for the care and treatment of the mentally ill: Oregon State Hospital, Dammasch State Hospital, and Eastern Oregon Hospital and Training Center. Each serves a specific catchment area of the state, as shown in Chart 6.

While total admissions to these hospitals are rising (Chart 7), there is a gradual though lessening decline in the average daily population (Chart 8). The projected population for each of the three hospitals is graphically illustrated in Chart 9. Attention is especially directed to the fact that a slight increase is expected at Oregon State Hospital at the end of the 1969-71 biennium. Further details relating to intake, outgo, average length of stay, etc., may be obtained from the Twenty-eighth Biennial Report of the Oregon State Board of Control.

The consistent decline in the population in the three mental hospitals has occurred in part because of community programs for the mentally ill; but perhaps even more important, it has been the result of added staff in the hospitals, new and different rehabilitative and training programs, improved treatment through drug therapy, and greater public acceptance of mental disability. It is apparent that there will be some continued population decline in the three hospitals overall.

Dammasch State Hospital is currently operating with one ward closed, and the recommended budget for 1969-71 will provide for reopening of this ward. It is anticipated that the population of Dammasch State Hospital will be maintained stable. At Eastern Oregon Hospital and Training Center, the population in the section for the mentally ill is expected to continue to decline, allowing for the development of some surplus space in that hospital.

The population at Oregon State Hospital is less certain. Population projections prepared for the 1967-69 biennium have not been realized; and as a result, during the Special Session of the Legislature in 1967, personal services and services and supplies budgets were increased to account for this failure to achieve the projected reduction. On June 30, 1968, an overage in population continued to exist. The June average was 1,343. Budgeted for the month was 1,279. This was a decline of 137 from the June 1967 average of 1,480. Average actual population to June 30, 1968, was 1,375; whereas the budgeted average population was 1,290.

As a result of the failure of population decline as steeply as had been projected, the budgeted average daily population for 1969-71 was reestimated on July 16, 1968, to be 1,304 patients--or 14 higher than the earlier projections for 1967-69. This figure represents the base for the budget request.

The average daily population at Dammasch State Hospital is estimated at 402, the same figure as for 1967-69; and the average daily population at Eastern Oregon Hospital and Training Center for the psychiatric service is projected at 437, a decline of 72 from the 1967-69 projection of 509.

Thus, the projected average daily population in all three hospitals for 1969-71 is 2,143 as compared to the 1967-69 projection of 2,201--a difference of 58.

| Hospital | Budgeted 1967-69 | Budgeted 1969-71 |
|---|---|---|
| OSH | 1,290 | 1,304 |
| DSH | 402 | 402 |
| EOHTC | 509 | 437 |
| Total | 2,201 | 2,143 |

All three hospitals are certified to provide services to the aged under Medicare (Public Law 89-97, Title XVIII). This program provides reimbursement for the first 90 days of acute psychiatric illness in patients over age 65. It was initiated on July 1, 1966.

The Medicaid program (Public Law 89-97, Title XIX), which was initiated in July 1967, provides additional payments for care of the aged in mental hospitals and has significantly increased revenues through reimbursement from Public Welfare. The program has required much additional work from hospital staff members and was accomplished even though no administrative, professional, or other staff members were made available to the hospitals to perform the task.

Efforts have been made to make maximum utilization of space at the hospitals. At Oregon State Hospital, a drastic internal reorganization was carried out in June 1968 to bring about greater efficiency and improved space and ward staff utilization. The entire south wing of the Center Building was closed to patient care, except for the use of one ward as the Volunteer Activities Center.

At Dammasch State Hospital, full space utilization is projected for 1969-71, allowing a vacancy factor of about 12 percent for fluctuations in population. The 25-bed Ward L will be reopened.

At Eastern Oregon Hospital and Training Center, the west wing will have been changed over to care of the retarded with the exception of one ward reserved for the medical-surgical unit. The east wing, with the exception of one ward which is closed, will be maintained for the mentally ill. If a sufficient population decline occurs, it may be possible to close one additional ward during 1969-71.

Treatment programs are geared to the age of patients. The following table summarizes inresident population and admissions for the 1966-68 biennium by functional age groupings.

State Mental Hospitals
Age Distribution of Inresident Populations and Admissions
1966-1968

| | Mental Hospitals Combined | | | | |
|---|---|---|---|---|---|
| | Inresident | | Admissions | | |
| Age Group | 6-30-67 | 6-30-68 | 1966-67 | 1967-68 | Total Admissions |
| 0 - 11 | 2 | 1 | 6 | 7 | 13 |
| 12 - 17 | 40 | 59 | 207 | 243 | 450 |
| 18 - 64 | 1,565 | 1,510 | 3,792 | 3,943 | 7,735 |
| 65 & over | 799 | 649 | 515 | 462 | 977 |
| Unknown | .. | .. | 8 | 14 | 22 |
| Total | 2,406 | 2,219 | 4,528 | 4,669 | 9,197 |

Children under the age of 12 years often need services but are seldom admitted to mental hospitals. A special Purchase of Care Program is designed to serve these children.

Significant numbers of adolescents are admitted. In the past, no special programs have been designed to serve this group. Initiation of such programs is planned for 1969-71 at Oregon State Hospital and Dammasch State Hospital.

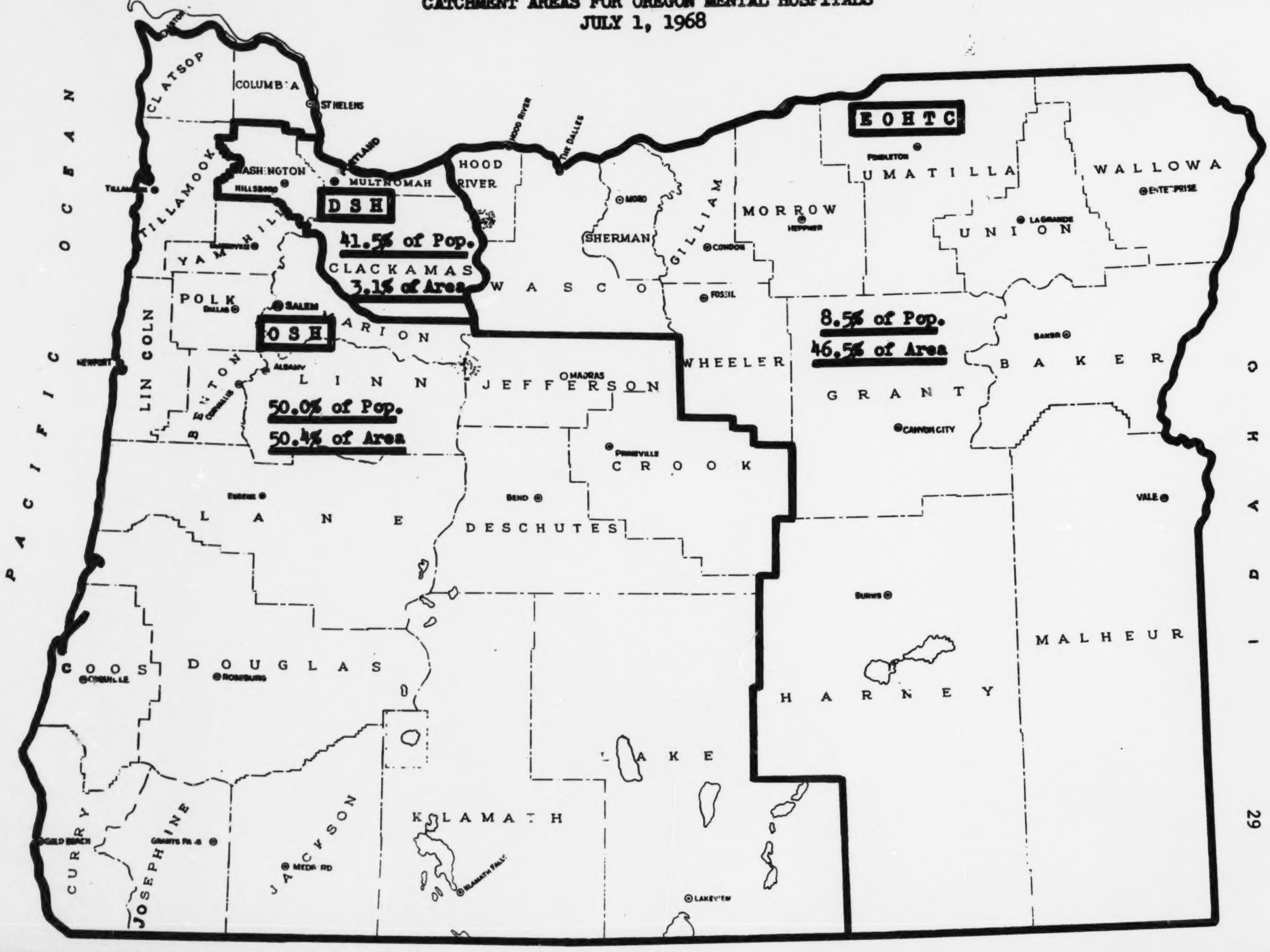
The adult population is the largest group to be served. The general mental hospital services meet the varied needs of this population.

Patients aged 65 and over receive general services and may be eligible for the benefits of Medicare and Medicaid. This population continues to decline, as illustrated by Chart 10.

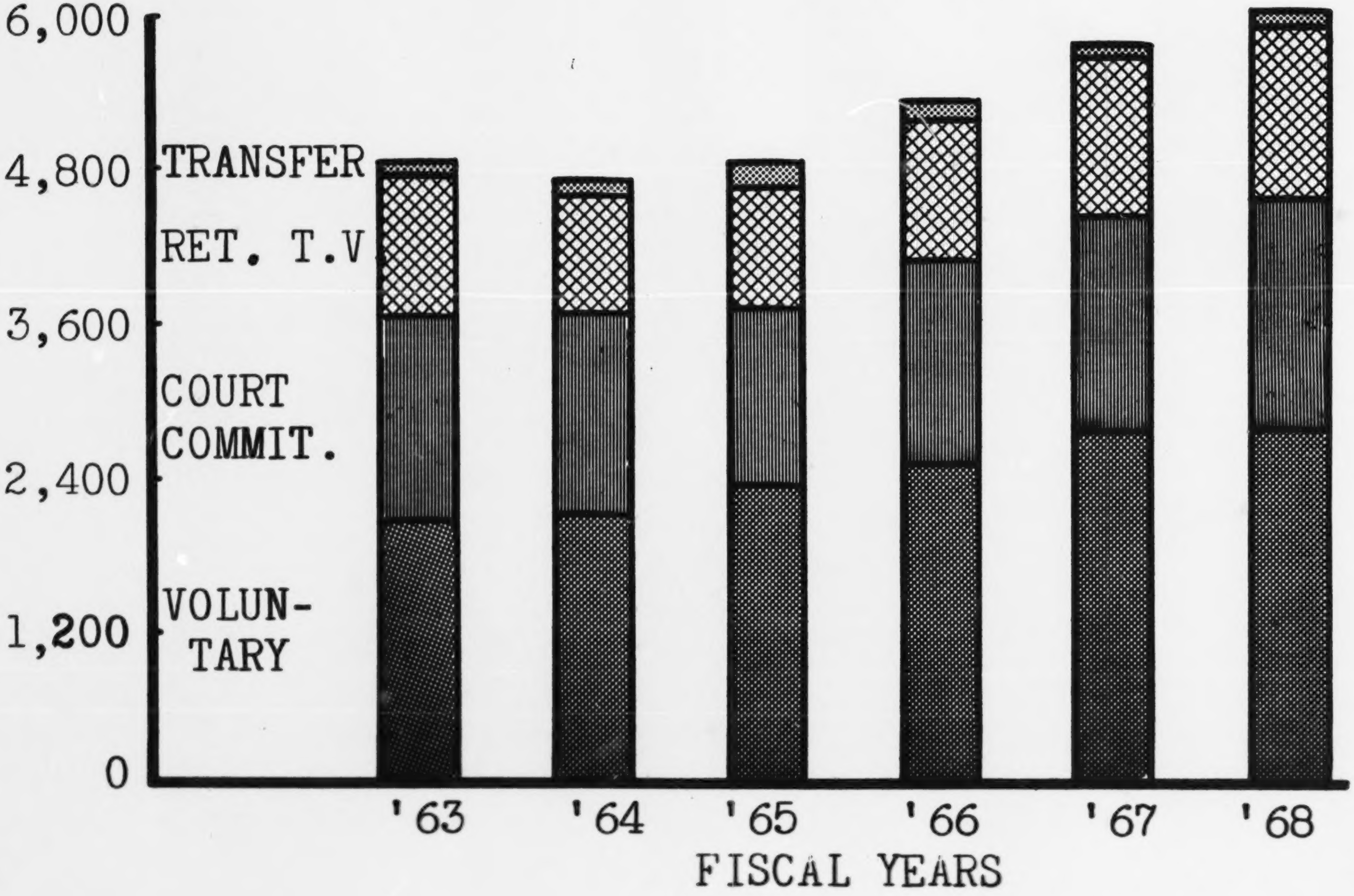
Major changes in programs for the care and treatment of the mentally ill for 1969-71 are:

1. Reopening of the 25-bed Ward L at Dammasch State Hospital, which was closed following the 1967 Special Session budget revision.
2. Addition of one psychiatric security ward at Oregon State Hospital to house approximately 30 more patients and improvements in the staffing of the security unit.
3. Improvements in staff and capital outlay (humanization) items to improve basic ward care.
4. Therapy-activity programs for adolescents at Oregon State Hospital and Dammasch State Hospital.
5. Staffing improvements to replace declining patient work contributions.

# CHART 6
# CATCHMENT AREAS FOR OREGON MENTAL HOSPITALS
# JULY 1, 1968

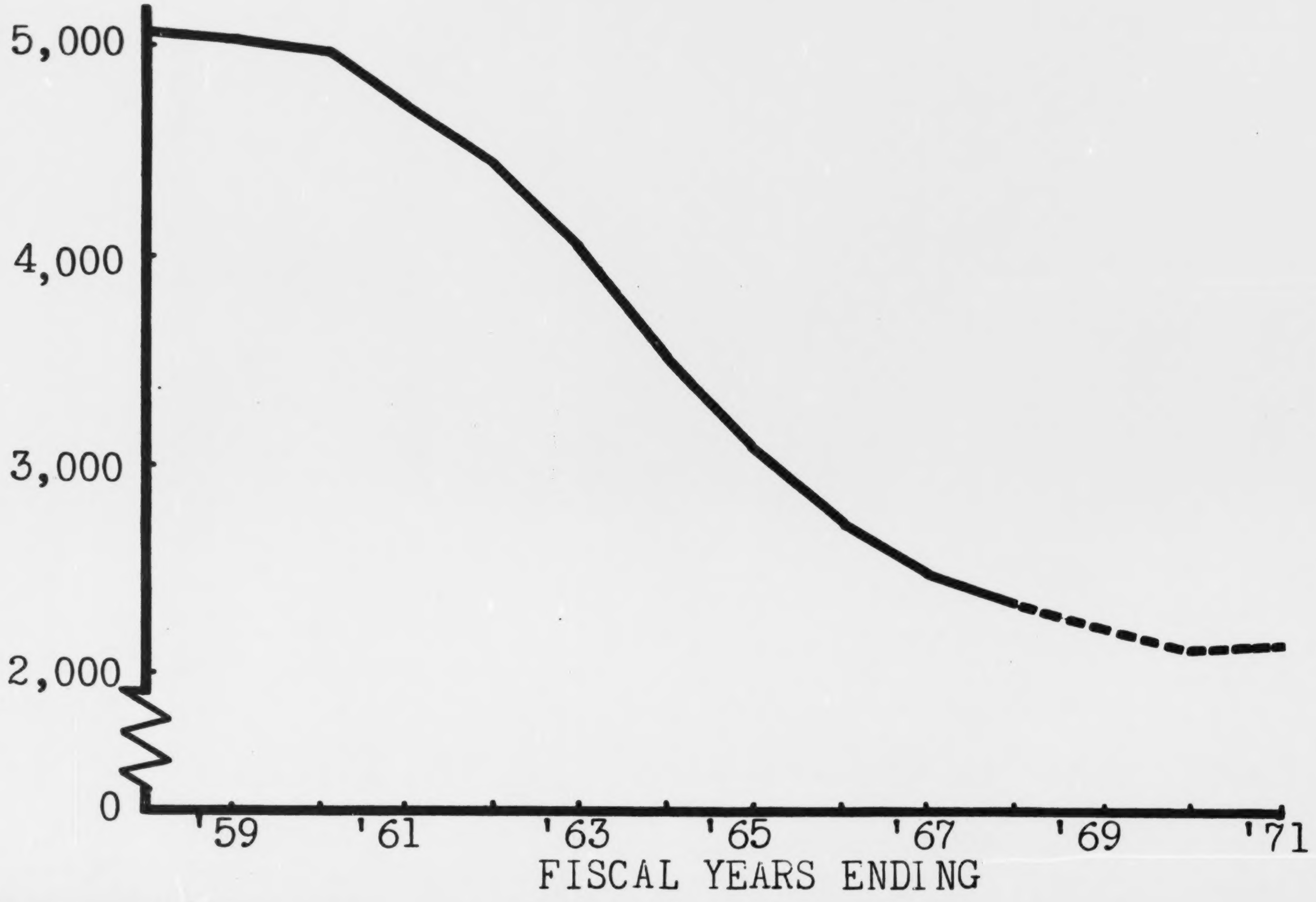

PACIFIC OCEAN
IDAHO
EOHTC
41.5% of Pop.
3.1% of Area
DSH
OSH
50.0% of Pop.
50.4% of Area
8.5% of Pop.
46.5% of Area
CLATSOP
COLUMBIA
ST HELENS
TILLAMOOK
WASHINGTON
HILLSBORO
PORTLAND
MULTNOMAH
HOOD RIVER
THE DALLES
CLACKAMAS
YAMHILL
POLK
DALLAS
SALEM
MARION
LINCOLN
NEWPORT
BENTON
CORVALLIS
ALBANY
LINN
WASCO
SHERMAN
MORO
GILLIAM
CONDON
FOSSIL
WHEELER
MORROW
HEPPNER
UMATILLA
PENDLETON
UNION
LA GRANDE
WALLOWA
ENTERPRISE
BAKER
GRANT
CANYON CITY
JEFFERSON
MADRAS
CROOK
PRINEVILLE
DESCHUTES
BEND
LANE
EUGENE
COOS
COQUILLE
DOUGLAS
ROSEBURG
CURRY
GOLD BEACH
JOSEPHINE
GRANTS PASS
JACKSON
MEDFORD
KLAMATH
KLAMATH FALLS
LAKE
LAKEVIEW
HARNEY
BURNS
MALHEUR
VALE

## CHART 7
## PSYCHIATRIC HOSPITALS TOTAL INTAKE

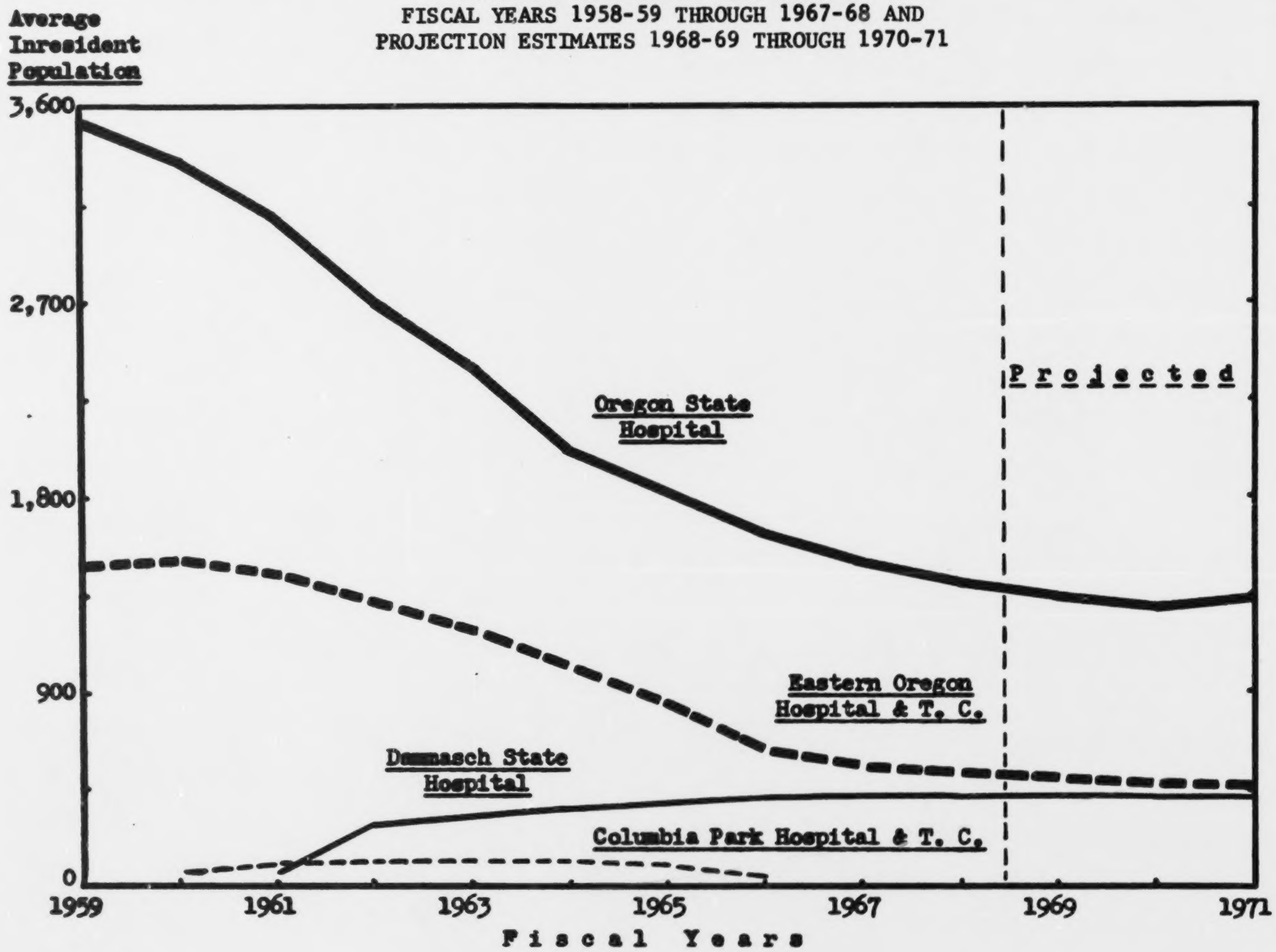


CHAR 8

## PSYCHIATRIC HOSPITALS
## AVERAGE TOTAL POPULATION

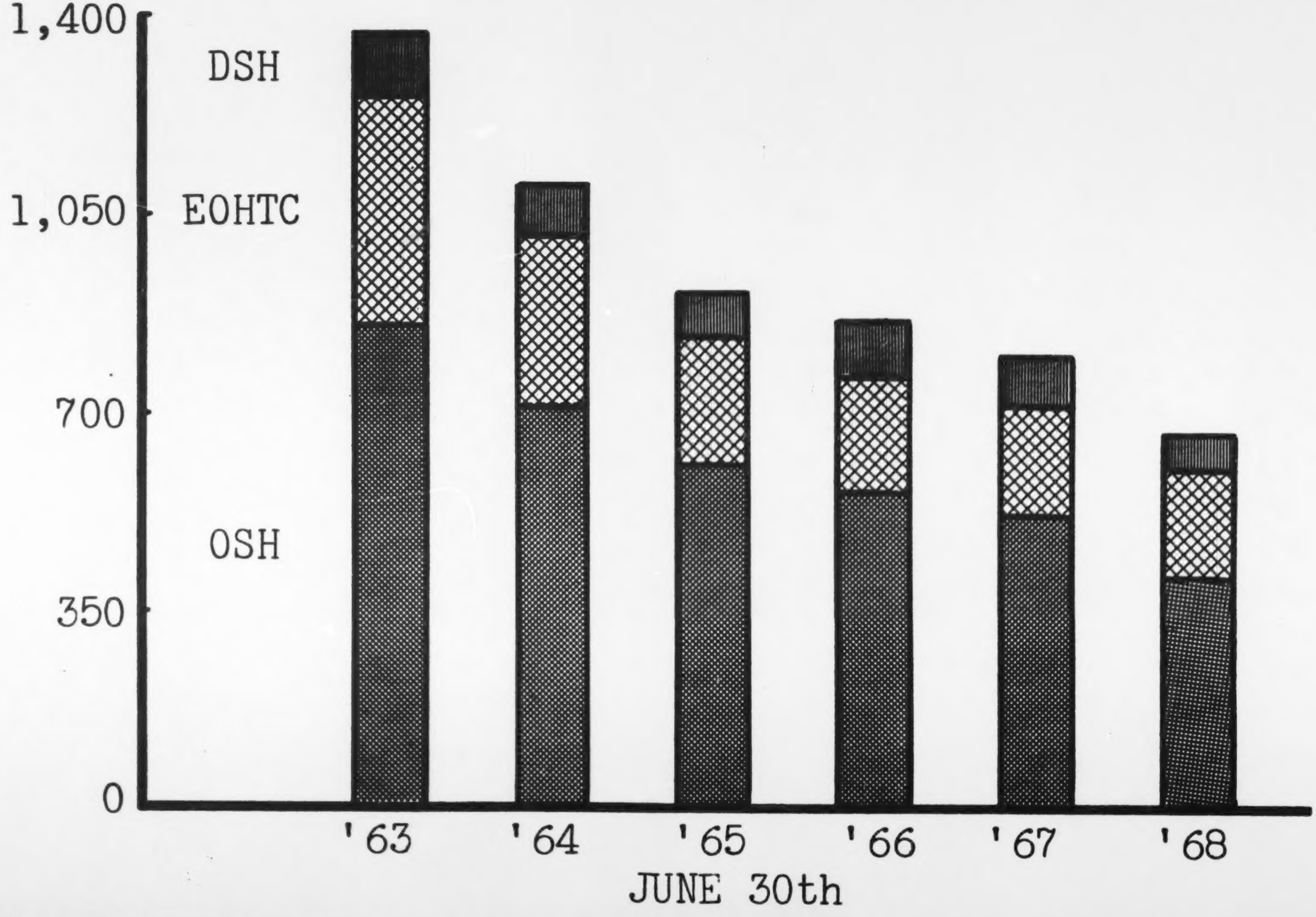


## CHART 9
## STATE MENTAL HOSPITALS
## AVERAGE INRESIDENT POPULATIONS
## FISCAL YEARS 1958-59 THROUGH 1967-68 AND
## PROJECTION ESTIMATES 1968-69 THROUGH 1970-71



## CHART 10

## STATE MENTAL HOSPITALS
## INRESIDENT PATIENTS 65 AND OVER



# HOSPITALS FOR THE MENTALLY RETARDED

Programs for the treatment, care, education, and training of the mentally retarded are carried out at Fairview Hospital and Training Center, Eastern Oregon Hospital and Training Center, and Columbia Park Hospital and Training Center. These hospitals operate as one system with all admissions being made to Fairview Hospital, which has a comprehensive program. The other two hospitals operate special programs principally for long-term severely retarded residents.

The average population of these three hospitals will rise from 3,055 for 1967-69 to 3,095 in 1969-71. The active waiting list for admission to Fairview Hospital and Training Center (Chart 11) has dropped from a high of 299 patients in September 1965 to a low of 21 in June 1967. In June 1968, it was 49.

A major shift in the type of patient being admitted has occurred. Few mildly or moderately retarded persons are now admitted. Most are profoundly and severely retarded, and many are multiply handicapped. Most are young persons.

Chart 12 shows the population distribution in all the hospitals by age, the peak being in the decade aged 10 to 19 years.

Chart 13 displays the distribution by age between the three hospitals, indicating also the need for quite different programs.

The shift toward more severely handicapped patients is illustrated by Chart 14. Category IICD refers to patients in need of intensive care because of youth, extent of handicap, or severity of retardation. There is a gradual shift in the population toward those requiring intensive care.

For 1967-69, the budgeted average daily population for these three hospitals was 3,143. Realized average population will be about 3,055. For 1969-71, the figure is 3,095.

Budgeting for staffing depends upon the average daily count on campus and, furthermore, depends upon the make-up of that population. This is distinguished from budgeting for space or capital construction, which must take into account the holding open of beds for up to 90 days while patients are on trial visit.

Overall average daily population projections in three hospitals for the mentally retarded are as follows:

| Hospital | Budgeted 1967-69 | Budgeted 1969-71 |
|---|---|---|
| FHTC | 2,182 | 2,117 |
| CPHTC | 525 | 506 |
| EOHTC | 436 | 472 |
| Total | 3,143 | 3,095 |

At Columbia Park Hospital and Training Center, the population has been held essentially steady; and no admissions directly to this hospital are approved. It is anticipated that there will be no significant increase in the population projection for Columbia Park Hospital. However, there has been a gradual shift in the make-up of the population toward more severely and profoundly retarded patients consistent with the overall trend. These Intensive Care patients will average 239 in number for the biennium and will this require additional staff.

Because of needs for space for Intensive Care patients, it is now planned to integrate more Category IICD patients into the Columbia Park Hospital and Training Center population than has been the case during 1967-69. Ambulatory patients from Meier and Holderness Cottages at Fairview Hospital and Training Center will be transferred to Curry Cottage at Columbia Park Hospital. To accomplish this will require minor remodeling estimated to cost $5,635.

At Eastern Oregon Hospital and Training Center, the projected average daily population is 472. Of this number, 104 are expected to be Progressive Care Category IV patients and 368 Intensive Care Category IICD patients.

At the time building needs were projected for the 1967-69 biennium, it was anticipated that, with the opening of two additional wards at Eastern Oregon Hospital and Training Center, there would be sufficient residential living space available to accommodate the incoming population through January 1970. The remodeling of the two wards at Eastern Oregon Hospital was approved by the Legislature, and staff was provided for one of these wards for the latter part of the fiscal year 1968-69. The recommended budget includes additional staff to open the second of those wards early in the 1969-71 biennium. After that, it is anticipated that population at Eastern Oregon Hospital will be held steady.

At Fairview Hospital and Training Center, the projected average daily population is 2,117 as compared to 2,182 for 1967-69. Of these patients, 868 are expected to be Category IICD.

The population reduction at Fairview Hospital and Training Center is part of the plan to reduce the overall size of this hospital in order to improve management, as well as achieve a minimum of 70 square feet per patient in bedroom areas--a goal approved by the Mental Health Division and the Board of Control. The population at Fairview Hospital is, however, subject to more fluctuation than that at Columbia Park Hospital and Training Center or Eastern Oregon Hospital and Training Center, since this hospital provides all preadmission services and is the sole intake point. An active waiting list exists but is manageable in size. It fluctuates depending upon applications for admission, time of year, availability of cottage space of the required type, and other factors.

A recurrent problem in Board of Control institutional operations is that of finding appropriate care for the multiply-handicapped child. Such a child is not only blind, deaf, or mentally retarded; but he has an additional superimposed handicap of one more of these conditions, emotional disturbance, or serious physical disability.

A special study of these children was reported to the Board of Control on August 20, 1968. The report recommended substantial program improvements.

Multiply-handicapped children can be identified in the admissions and inresident populations of Fairview Hospital and Training Center, the Oregon State School for the Blind, and the Oregon State School for the Deaf. A total of 318 children are evaluated annually for admission to these institutions. Many require special care because of secondary handicaps above and beyond the presenting problem.

On July 31, 1967, there were 78 multiply-handicapped children in residence at Fairview Hospital; 65 percent were profoundly retarded; 25 percent were in the trainable range; and 10 percent were in the educable range. More than half had physical problems; 33 percent were known to have hearing losses, while acuity was undetermined in 40 percent; 75 percent had visual disability. The budget requests five additional positions to assist in their care.

One of the striking features at the hospitals for the mentally retarded is the unparalleled atmosphere of optimism and enthusiasm among staff members. The retarded person is no longer considered to be a lifelong institutional resident. He is now seen as a person capable of making far greater strides toward partial independence than would have been dreamed of ten years ago.

Major changes in the programs of the hospitals for the mentally retarded for 1969-71 are:

1. Improved cottage staffing and capital outlay (humanization) items to enhance basic cottage and ward care.

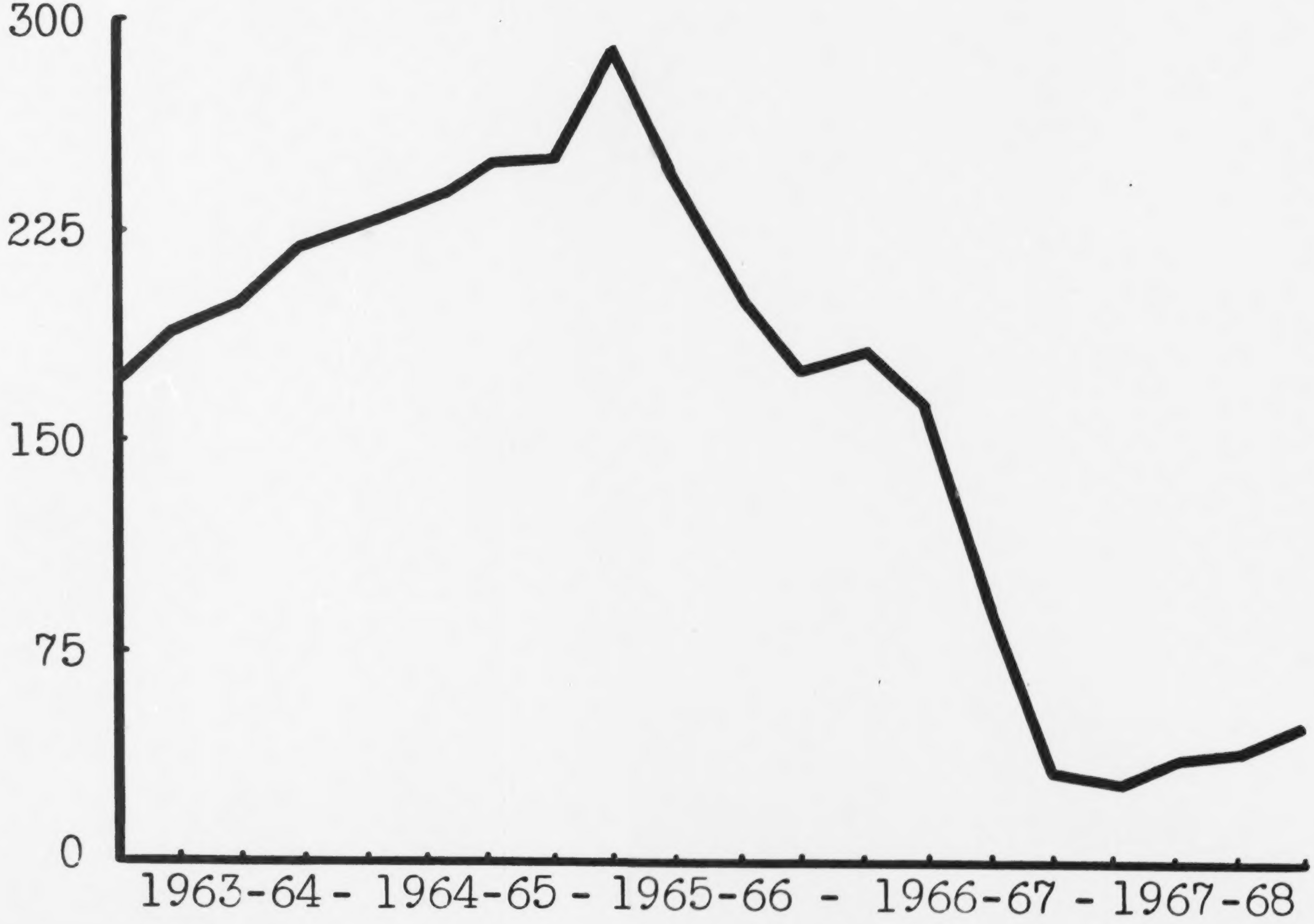
2. Increases in staff to replace declining patient work contributions.

3. Activation of one remodeled ward at Eastern Oregon Hospital and Training Center to accommodate 44 severely or profoundly retarded patients to be transferred from Fairview Hospital and Training Center.

4. Transfer of additional severely handicapped patients from Fairview Hospital and Training Center to Columbia Park Hospital and Training Center.

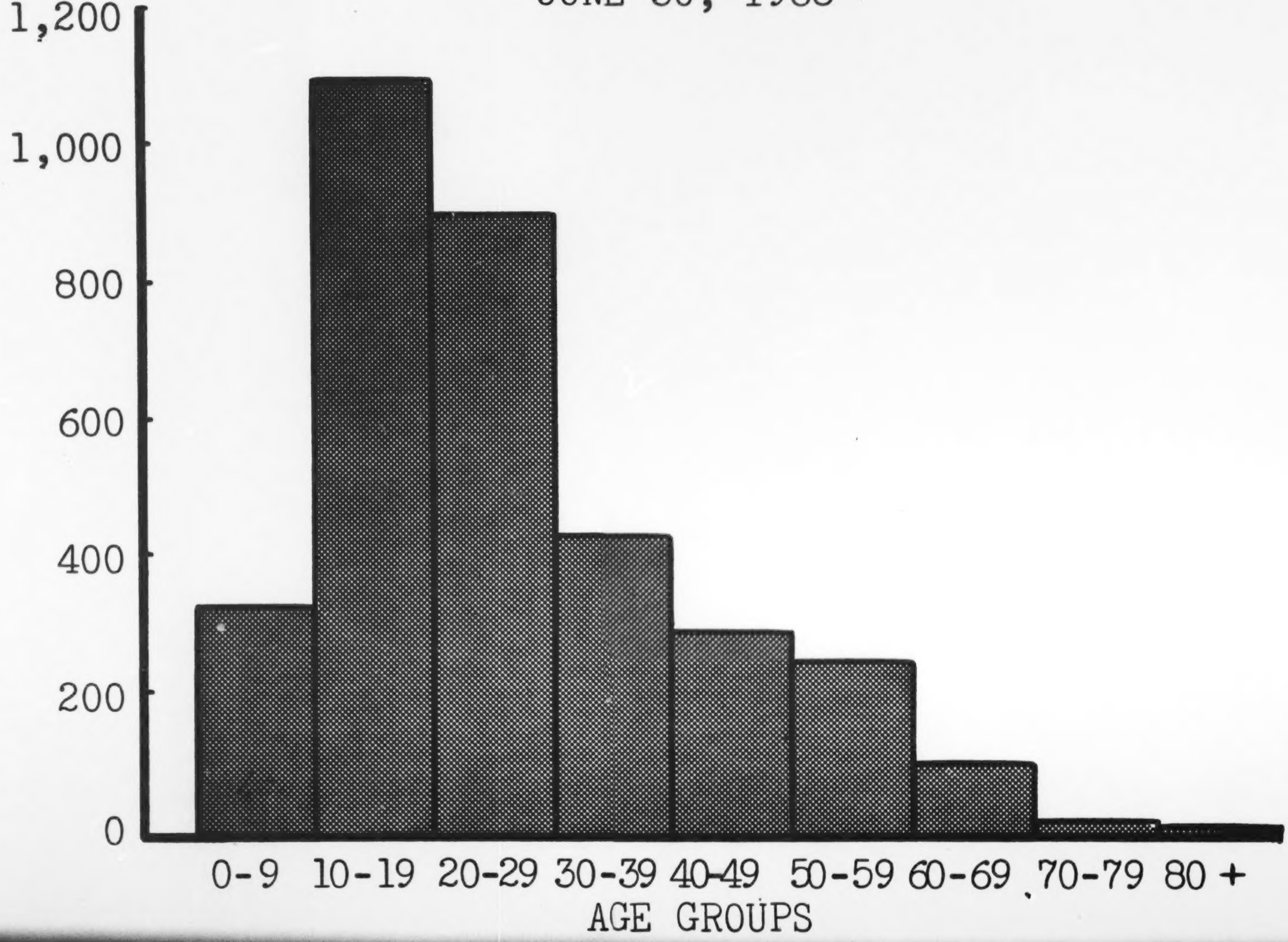
CHA 11

# FAIRVIEW HOSPITAL AND TRAINING CENTER
# ACTIVE WAITING LIST, AVERAGE PER QUARTER



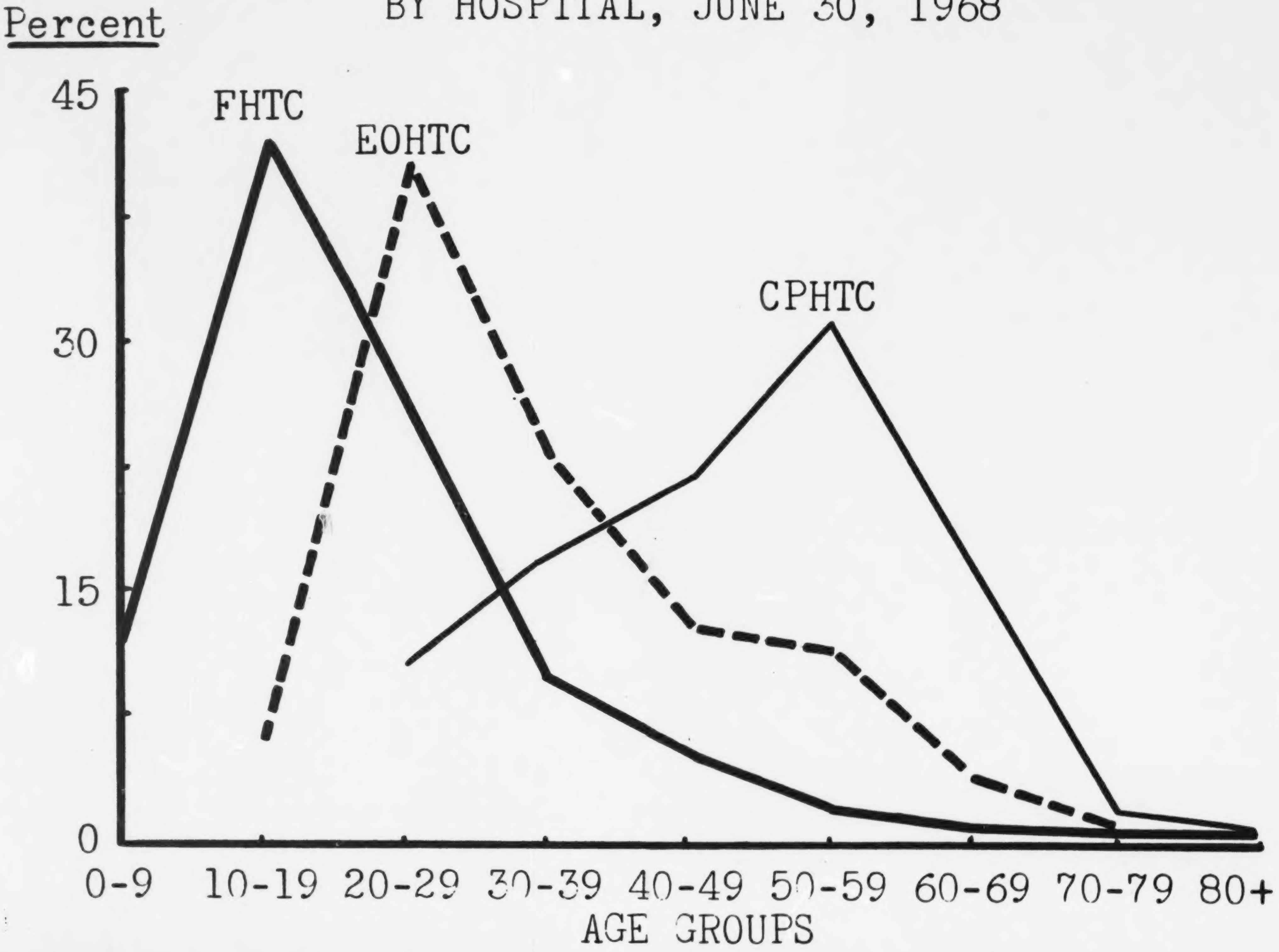
CHA 12

# HOSPITALS FOR THE MENTALLY RETARDED
## AGE DISTRIBUTION OF INRESIDENT POPULATION
## JUNE 30, 1968



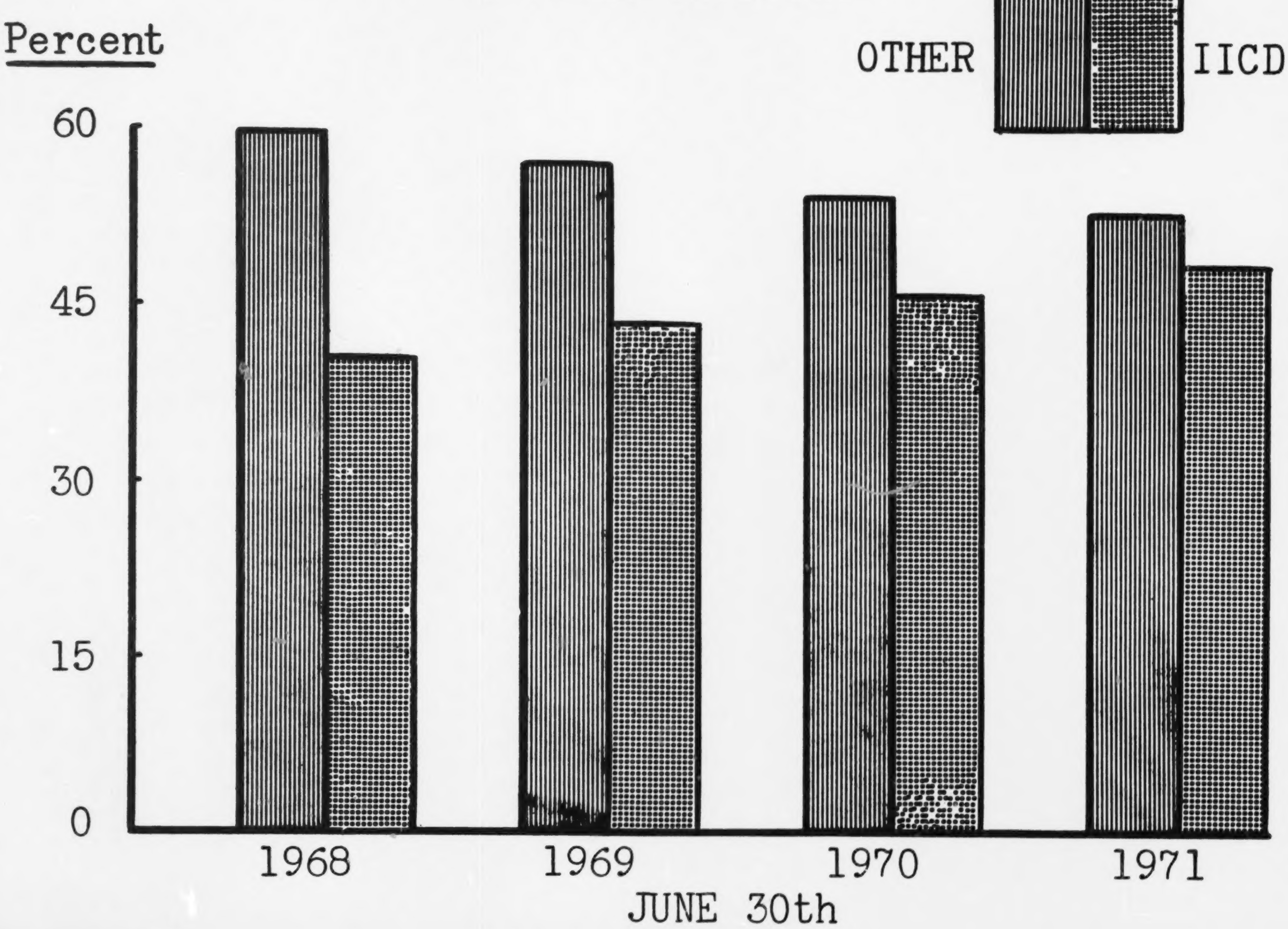
CHA 13

# HOSPITALS FOR THE MENTALLY RETARDED
# PERCENTAGE DISTRIBUTION OF INRESIDENT POPULATION
# BY HOSPITAL, JUNE 30, 1968



## CHART 14

## HOSPITALS FOR THE MENTALLY RETARDED BUDGETED POPULATION BY AAMD CATEGORY



## NONHOSPITAL PROGRAMS

### Administration

The Governor's 1969-71 Budget has been prepared on the assumption that the responsibilities for program development, fiscal control, budget review, etc., will remain the responsibility of the Division whether or not the Governor's reorganization recommendations are adopted. Accordingly, this budget reflects the transfer and additions of necessary personnel, as well as new positions noted earlier in this report.

The workload of the administrative staff is not easily monitored. However, added responsibilities in fiscal management, preparation of reports, and liaison with the public and other agencies have increased significantly the production requirements of the Division offices. In addition, the Administrator and his staff have attempted to bring about integration and unification among the various programs toward the aims of improved services, enhanced performance reporting, and more accurate forecasting for the purposes of program development.

### Community Services Program

National concern that disturbed children have treatment available led to the establishment in 1932 of Oregon's first mental health clinic, which was operated by the University of Oregon Medical School. In 1937, the Oregon Legislative Assembly extended this service to other parts of the state by passing the Child Guidance Extension Act and appropriating $24,000. Mobile teams traveling throughout the state conducted regularly scheduled clinics.

In 1946, the Portland Community Child Guidance Clinic was established, supported by the United Fund. The Oregon State Board of Health, through its Mental Health Section, began in 1953 to help local communities develop their own child guidance clinics. By July 1962, eleven such clinics, financed by local and Federal funds, were operating in Oregon.

The program was transferred to the Mental Health Division in 1962, and the first allocation of state grant-in-aid funds was made available. The pattern of reimbursement of 50 percent of the approved local expenditures has persisted since that time.

The community mental health programs approved for the fiscal year 1968-69 include:

26 programs serving
  31 counties, which include
    99 percent of the Oregon population and
      80 percent of Oregon's land area.

These 26 programs include:

30 outpatient services (including two part-time clinics)
5 halfway houses for alcoholic patients
2 halfway houses for former mentally ill and mentally retarded hospital patients and
1 residential treatment center for severely disturbed children.

Services have been slower to develop in Eastern Oregon, although part-time services were started in Baker and Union Counties in 1967-68. A clinic serving Umatilla and Morrow Counties began service in the fall of 1968. Another clinic serves Malheur and Harney Counties.

Gilliam, Grant, and Wheeler Counties are included in a federally-funded demonstration grant project. This project provides a social worker who visits the counties to work with community leaders and various professional persons to discuss what the area's mental health needs are and how appropriate resources can be developed for this sparsely populated area.

Growth in the community program has been steady. Chart 15 shows numbers of clinics offering various services. Chart 16 shows the steady increase of funding of this program by local, state, and federal resources.

Preliminary figures for fiscal year 1967-68 show admission of patients to the community clinics, including readmissions, numbered 9,293. Total patients under care in 1967-68 numbered 14,942.

The kinds of direct services offered by clinics are illustrated by the table on the following page and by Chart 17, which follows the text of this section of the report.

### Primary Types of Service Given to Patients Admitted to Community Mental Health Clinics 1967-68

| | No. of Patients | Percent of Distribution |
|---|---|---|
| Child Guidance | 3,760 | 40.5 |
| Family and Marriage Counseling | 1,588 | 17.1 |
| Alcohol Rehabilitation | 69 | 0.7 |
| Mental Retardation Service | 45 | 0.5 |
| Adult Outpatient Services | 2,555 | 27.5 |
| Hospital Follow-up | 345 | 3.7 |
| Inpatient Psychiatric Treatment | 10 | 0.1 |
| Evaluation Only | 623 | 6.7 |
| Not Reported | 298 | 3.2 |
| Total | 9,293 | 100.0 |

The figure for mental hospital follow-up considerably underestimates the amount of work done with patients formerly hospitalized. For example, if a mother who had been released from a state hospital receives help for her disturbed child, this would usually be classifed as child guidance service. Yet, the service should be of help in preventing the mother's return to the hospital.

The Community Services Section administers the Federal program of grants to community agencies to assist in construction of community mental health centers and facilities for the mentally retarded. Funds to construct community facilities for the retarded have been authorized for Pearl Buck School, Portland Children's Center, Our Lady of Providence Child Nursing Center, and Haven School.

The community mental health centers construction program is lagging. Funds have been allocated to Sacred Heart General Hospital in Eugene and to a combination of St. Vincent Hospital in Portland and Tualatin Valley Guidance Clinic in Beaverton. However, $368,767 in funds available for fiscal 1966-67 was transferred to the State of Washington because no applications were made from Oregon. At present, no applicants have indicated an intent to apply for 1967-68 or 1968-69 funds.

The Community Services Section also administers the provisions of Section 314(d) of the Public Health Service Act, as amended. Grants are made to state mental health authorities in the minimum amount of 15 percent of the total health grant available to the state. This grant, formerly called the category grant, has increased in amount from $65,000 per year to $117,800 for the fiscal year ending June 30, 1969. Federal regulations require that a minimum of 70 percent of the grant must be spent for local mental health services.

In view of revised regulations, the increase in available funds has been proposed for expenditure in two areas. The major emphasis will be in the area of special projects with a somewhat lesser amount going to staff development.

Staff development funds are considered necessary to provide much of the continuing need for training of community mental health clinic personnel in treatment and administrative techniques. The ever-changing methods of treatment, mental health concepts, mental health programs, and administrative procedures require an ongoing training program. Grants are made by the Mental Health Division to individuals based on the relative merits of their requests for training. The proposed expenditures for 1969-71 amount to $12,000.

Grants are also made to public or private agencies to finance small, short-term demonstration projects in community mental health programs. Grants are awarded on a competitive basis determined by the availability of funds, the extent to which the project is concerned with pressing mental health problems, the unavailability of other resources, and the likelihood of the project's resulting in better utilization of existing resources for improved mental health services. The proposed expenditures for 1969-71 amount to $125,700. Further details on special project grants and utilization of Section 314(d) funds are included in Appendix D.

Also under Community Services is the Pilot Program providing diagnostic, evaluative, and treatment planning services to children aged 12 and younger. The 1967 Legislative Assembly considered a Mental Health Division request for construction and operation of a children's psychiatric unit. In lieu of such action, a special pilot project to purchase such services in the community was authorized. There was delay in locating a contract agent; however, a proposal from Edgefield Lodge in Multnomah County was received. Services to a small group of preadolescent children began in October 1968.

During 1969-71, the emphasis in Community Services will be upon the expansion and improvement of existing clinics. The pilot project of purchasing services for children in the community is to be continued and expanded.

A special problem in grant-in-aid is noted in reimbursing for inpatient services. At a 50 percent reimbursement ratio, local government cannot be expected to develop this high-cost-type service. Accordingly, legislation is being requested to provide a mandatory 75 percent reimbursement formula for this one specific service. Present authorization is for 50 percent reimbursement. Only Lane County has requested reimbursement for inpatient care for 1969-71. Fifty percent reimbursement would require $65,500, which has been included in the budget request. At 75 percent reimbursement, $103,250 would be required.

Another area of special concern is the manner in which continuity of care is provided from the community to the hospital and back to the community. A variety of studies has indicated that the solution to the problem of continuity of care has not yet been achieved. Those studies include specific aspects of the Hospital Improvement Project (Eastern Oregon Patient-Family Project) at Eastern Oregon Hospital and Training Center; Project 47, a study of aftercare services; and analyses of the statistical data obtained from public health nursing workloads and community clinic workloads.

The Mental Health Division budget request originally proposed to provide an approach to this problem by establishing special aftercare coordinator positions in each hospital. The Governor's Budget does not reflect this recommendation. However, enhanced services in the area of post-hospital follow-up through the community clinics is expected as a result of a revision in community clinic regulations approved by the Board of Control on November 12, 1968. These regulations provide greater authority to the Administrator of the Mental Health Division to set priorities for the expenditure of state funds in community programs.

The principal changes may be summarized as follows:

1. Paragraph (g) of Section (2) of Policy 20.500: The Administrator of the Mental Health Division is required to call an annual meeting of representatives from county government bodies and community clinics to review policy, formulate plans regarding programs at state and local level, and accept recommendations regarding changes in regulations and standards.

2. Section (3) of Policy 20.503: Communities retain the basic responsibility for setting priorities for local mental health programs financed by local and state funds. But, the Administrator of the Mental Health Division has the authority, in some instances, to set priorities for the use of state funds for specific programs or services. If community officials do not accept such priorities, the Mental Health Advisory Board shall review the matter and submit recommendations, in writing, to the Administrator and to the Board of Control.

3. Section (7) of Policy 20.503: The Administrator of the Mental Health Division shall establish standards and requirements for approved community clinics, in consultation with representatives of clinic programs.

It is intended that expanded aftercare services will be encouraged in community clinics through this administrative mechanism.

CHART 15

# COMMUNITY MENTAL HEALTH PROGRAMS COMPARISON OF SERVICES OFFERED IN 1962-63 AND 1967-68

## 1962-63

| Clinic | Basic Services | Child Guide | Marriage C. | Follow-Up | Adult C. P. | M. Retardation | Alcoh. Rehab. | Inpatient T. |
|---|---|---|---|---|---|---|---|---|
| Baker | | | | | | | | |
| Benton | ■ | ■ | | | | ■ | | |
| Clackamas | ■ | ■ | | | | ■ | | |
| Clatsop | | | | | | | | |
| Columbia | ■ | ■ | | | | ■ | | |
| Coos | ■ | ■ | | | | ■ | | |
| Curry | ■ | ■ | | | | ■ | | |
| Douglas | ■ | ■ | ■ | | | ■ | | |
| Harney | | | | | | | | |
| Jackson | ■ | ■ | ■ | | | ■ | | |
| Josephine | | | | | | | | |
| Klamath | ■ | ■ | ■ | | | ■ | | |
| Lane | ■ | ■ | ■ | | | ■ | | |
| Lincoln | ■ | ■ | | | ■ | | | |
| Linn | | | | | | | | |
| Malheur | | | | | | | | |
| Marion | ■ | ■ | ■ | | | ■ | | |
| Mid-Columbia | | | | | | | | |
| Multnomah | ■ | ■ | | | ■ | | | |
| Polk | | | | | | | | |
| Tillamook | ■ | ■ | | | | ■ | | |
| Tri-County | ■ | ■ | | | ■ | | ■ | |
| Tualatin | ■ | ■ | | | | ■ | | |
| Union | | | | | | | | |
| Yamhill | ■ | ■ | | | | ■ | | |
| Number of Services | 16 | 16 | 5 | 0 | 3 | 13 | 1 | 0 |

## 1967-68

| Clinic | Basic Services | Child Guide | Marriage C. | Follow-Up | Adult C. P. | M. Retardation | Alcoh. Rehab. | Inpatient T. |
|---|---|---|---|---|---|---|---|---|
| Baker | ■ | ■ | ■ | | | | | |
| Benton | ■ | ■ | ■ | ■ | ■ | ■ | ■ | |
| Clackamas | ■ | ■ | | ■ | ■ | | | |
| Clatsop | ■ | ■ | ■ | ■ | ■ | ■ | ■ | |
| Columbia | ■ | ■ | ■ | ■ | ■ | ■ | | |
| Coos | ■ | ■ | ■ | ■ | ■ | | | |
| Curry | ■ | ■ | ■ | ■ | ■ | | | |
| Douglas | ■ | ■ | ■ | ■ | ■ | | | ■ |
| Harney | ■ | ■ | ■ | ■ | ■ | | | |
| Jackson | ■ | ■ | ■ | ■ | ■ | ■ | ■ | |
| Josephine | ■ | ■ | ■ | ■ | ■ | ■ | ■ | |
| Klamath | ■ | ■ | ■ | | ■ | | | |
| Lane | ■ | ■ | ■ | ■ | ■ | ■ | ■ | |
| Lincoln | ■ | ■ | ■ | ■ | ■ | ■ | ■ | |
| Linn | ■ | ■ | ■ | ■ | ■ | | | |
| Malheur | ■ | ■ | ■ | | ■ | | | |
| Marion | ■ | ■ | ■ | | ■ | | | |
| Mid-Columbia | ■ | ■ | ■ | ■ | ■ | ■ | | |
| Multnomah | ■ | ■ | ■ | ■ | ■ | ■ | | ■ |
| Polk | ■ | ■ | ■ | ■ | ■ | | | |
| Tillamook | ■ | ■ | ■ | ■ | ■ | ■ | | |
| Tri-County | ■ | ■ | ■ | ■ | ■ | | | |
| Tualatin | ■ | ■ | ■ | ■ | ■ | | | |
| Union | ■ | ■ | ■ | ■ | | | | |
| Yamhill | ■ | ■ | | ■ | | ■ | | |
| Number of Services | 25 | 25 | 23 | 21 | 22 | 11 | 6 | 2 |

## CHART 16

# FINANCING OF COMMUNITY MENTAL HEALTH PROGRAMS

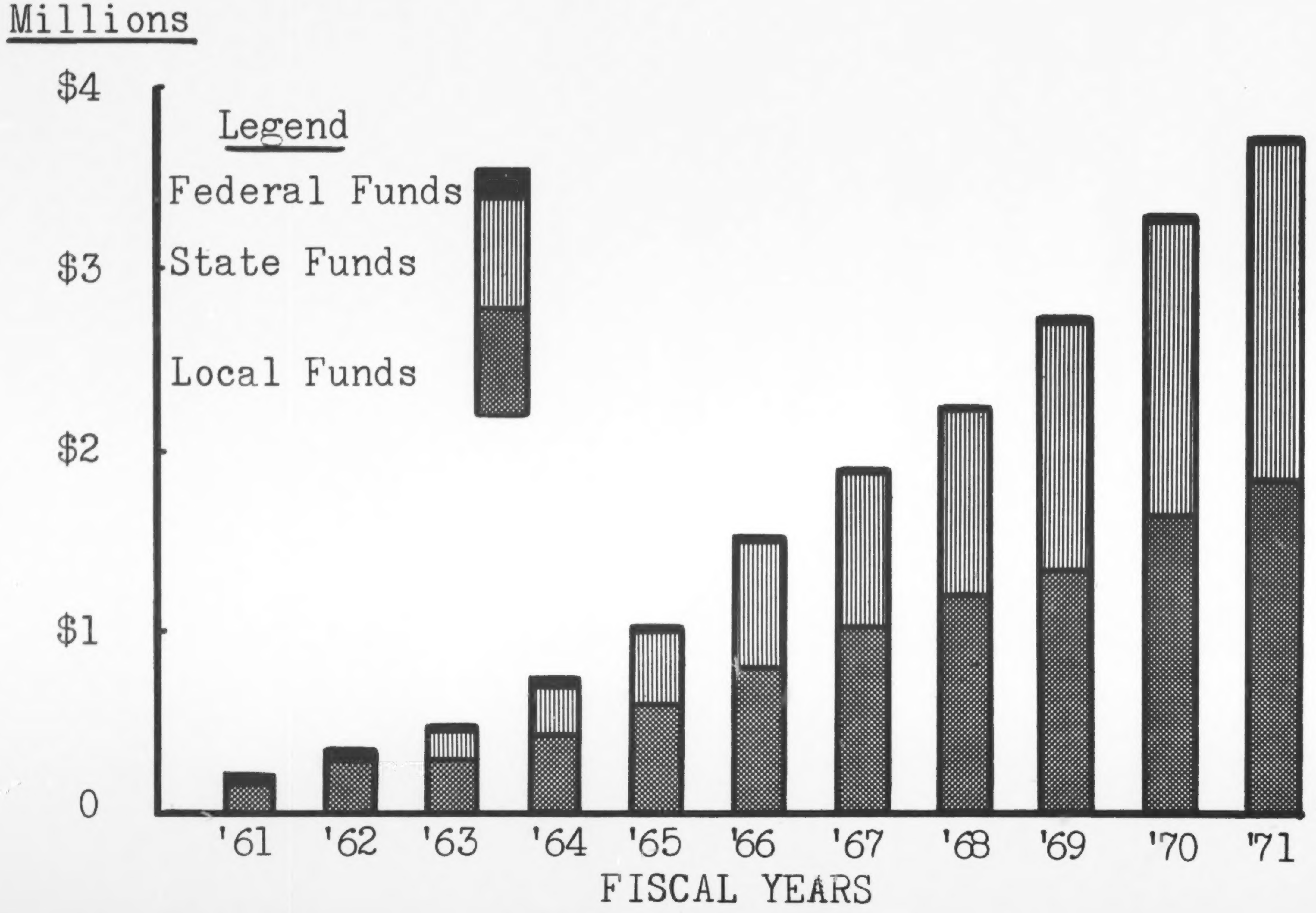
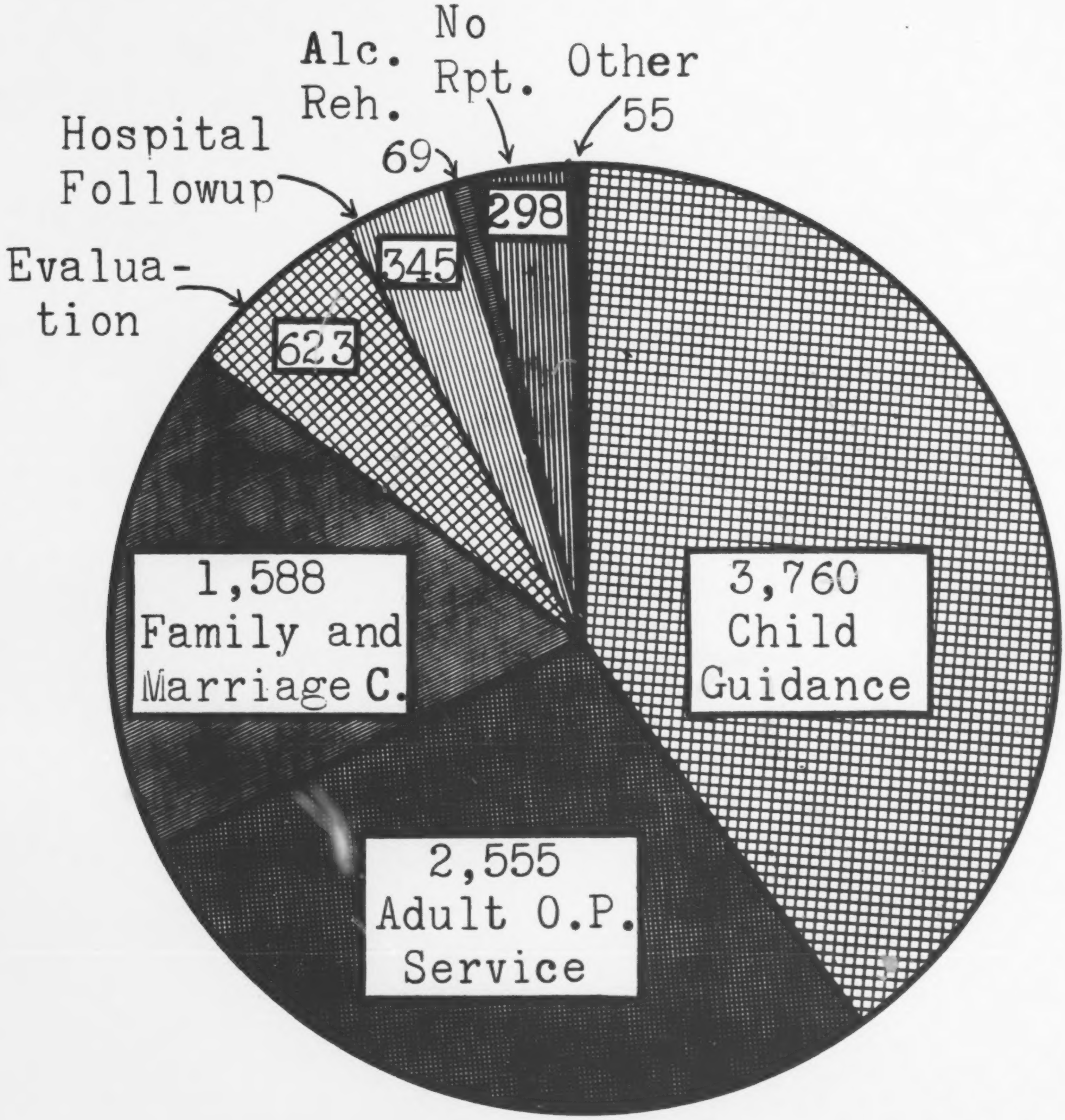


CHART 17

# PRIMARY TYPES OF SERVICE GIVEN PATIENTS ADMITTED TO COMMUNITY MENTAL HEALTH CLINICS 1967-68



TOTAL NUMBER OF PATIENTS GIVEN SERVICE 9,293

## Alcohol and Drug Program

The alcohol and drug program became the responsibility of the Mental Health Division in 1962. For many years, an alcoholism treatment and rehabilitation clinic has been operated in Portland. A program of public education and information about alcohol has long been in effect.

The Alcohol and Drug Section has used a small grant-in-aid program to stimulate the development of halfway houses for alcoholics. When such houses are operational, they are transferred to Community Services for continued funding. Five are now in existence. The grant-in-aid program also has provided assistance to community alcoholism associations and information-referral centers.

The 1967 Legislature initiated a new program of public education and information on narcotics, habit-forming drugs, and hallucinogenic drugs. Additional allocations from the Emergency Board brought the total budget for this program to $113,375 for 1967-69; and $189,137 will be required for 1969-71. Regional offices have been established in Ontario, Eugene, Grants Pass, and Portland. Sixty copies of movie films have been authorized. Numerous public discussions, professional seminars, radio and television shows, and training sessions have been held. A one-week summer session on drug abuse was jointly sponsored by the Mental Health Division and the Division of Continuing Education in August 1968. Demand for services has been high. A special report on the drug education program will be available as a separate document.

This Section also provides follow-up treatment and rehabilitation services for narcotic addicts released from the Clinical Research Centers of the U.S. Public Health Service in Fort Worth, Texas, and Lexington, Kentucky. The service is provided by contract with the Federal Government, which pays 100 percent of the costs.

The Alcohol and Drug Section also provides unique opportunities for training of personnel from many different disciplines and agencies in the treatment and rehabilitation of the alcoholic. The alcoholism treatment clinic is used as a practicum setting for such training. In addition, seminar-type courses are made available to interested persons.

For 1969-71, the main changes in the Alcohol and Drug Section program are the full biennial operation of recently authorized programs, which were phased in during 1967-69.

## Community Programs for the Mentally Retarded

During the 1967-69 biennium, the Division has continued to operate the Clackamas Child Training Center. This pilot project is scheduled for deactivation on the assumption that a community program for the trainable mentally retarded will be authorized by the 1969 Legislature.

At present, the Mental Health Division furnishes classroom services to 22 trainable retarded children by providing staffing, transportation, and expendable supplies. The Clackamas County Association for Retarded Children sponsors the Center and provides utilities and maintenance; the School District provides for the use of the building facilities. A Federal grant allows for an additional 18 students to receive care.

As noted earlier, the Governor's Budget reserves $400,000 for the provision of funds to communities to furnish classroom services for the trainable retarded, as well as funds to provide staff to the Division to administer the program. Broad-based legislative authorization is being requested to allow for the development in the future of a variety of related services. Funding of only classes for the trainable retarded and administrative staff is being sought at the present time.

## PROBLEMS FOR THE FUTURE

Existing programs and those recommended in the Governor's Budget are important steps in expanding the State's responsiveness to the mental health needs of Oregon's people. Many other resources are available through the system of private medical care, which has seen rapid expansion of mental health care in recent years. Other state and private agencies also provide many services in the mental health field, e.g., Crippled Children's Division of the University of Oregon Medical School, Department of Vocational Rehabilitation, and private schools for the mentally retarded.

There still remain a number of problems for future solution. Some of the most prominent of these are:

1. Need for a program of preventing mental illness. At present, little is done to prevent mental illness. Much is done, especially in the community programs, to identify and treat the mentally ill early and thereby to prevent chronicity and incapacity. But, to prevent the actual occurrence of mental illness per se is an enormously complicated and difficult task.

   Mental illness and mental retardation have their roots in a wide range of biological, personal, social, cultural, and even economic deficiencies. To bring about prevention would require a massive effort toward corrective social and economic reforms. Much basic research needs to be done to define those variables which specifically predispose to, or are crucial to, the development of mental illness and mental retardation.

   The Division staff has little time to devote to this important problem. At best, it is hoped that some kind of broadly based planning effort can be generated in the future. Only when such planning can define specific programs with measurable payoffs will a truly effective preventive program be feasible.

2. Hospital care for the mentally ill in community settings close to home. The rapid expansion of the community mental health program and the growth of private resources have greatly expanded outpatient care in recent years. There is, however, a deficit in the provision of hospital-type care at the community level.

   One community mental health center (at Sacred Heart General Hospital in Eugene) will open its doors in 1969. Another (at St. Vincent

Hospital in Portland) has been approved for construction in the future. There are few private hospital beds available outside the Portland area.

The Federal construction and staffing funds available under Public Law 88-164 and Public Law 89-105 have not been widely used in Oregon because local matching funds have not been available in amounts sufficient to make use of the Federal funds feasible. The tremendous costs of construction and hospital-type care remain above the funding capacity of most communities. State funds are not available for matching for construction. Commitment of state funds to community hospital care must be guarded until some further base of experience has been accumulated upon which to predict long-range costs.

The Division staff continues to grapple with the problems of financing and manpower development. A number of projective studies have been completed.

Until reasonable solutions to long-term funding and staff acquisition have been found, the development of community-based hospital care will be minimal. Development of services of this type will, however, remain a long-range goal of the Mental Health Division.

3. Community-based treatment, rehabilitation, and social reintegration of the chronic alcoholic. The enormous cost to the public if the chronic public inebriate, the alcoholic driver, and the socially-deteriorated alcoholic will continue to be reflected in the costs of health services, highway injury and death, law enforcement endeavors, court services, and public assistance. Until a firm and assured commitment of funds from outside the community is made, the needed community resources will remain critically short.

4. Effective treatment and rehabilitation of the drug user. Drug use and the attendant physical, emotional, social, and personal incapacity attributable to this source appear to be on the rise. The many requests for treatment-rehabilitation services far outweigh the services available. New treatment techniques and patterns of delivery of services are sorely needed. The present budget reflects scant improvement in resources available to meet this problem.

5. Network of community-based services to the mentally retarded. All but the profoundly or severely retarded should ultimately be provided such assistance as would allow them to live outside an institution and to harvest the fruits of life equally with the more fortunate. The proposed program of community services to the retarded is an important step toward developing the needed network of services. This program should be enlarged and expanded in the future, as the resources of the State will permit.

# APPENDIX A

## STATE FINANCIAL COMMITMENT TO MENTAL HEALTH PROGRAM

The financial commitment to the mental health program in its various categories is illustrated by Chart 18, which covers the years 1963 to 1971 as expended or recommended.

The percentage of the total State General Fund expenditures allocated to the mental health program over the years is shown by the bar graph in Chart 19.

The 1969-71 Governor's Budget (Chart 20) includes a General Fund expenditure of $52,199,037. Other funds bring the total operating budget to $54,295,502. (An additional $4.7 million will be necessary for salary adjustments.)

The base budget will be $50.4 million, with $250,000 for interim program adjustments; $598,000 for increased workload; $2.5 million for program improvements; and just under $500,000 for new programs.

Operation of the nonhospital programs, including grant-in-aid, will require $6.7 million. Operation of the hospitals for the mentally ill will cost $23.6 million. The hospitals for the mentally retarded will expend $23.9 million.

CHART 18

# MENTAL HEALTH DIVISION
# BIENNIAL BUDGETS

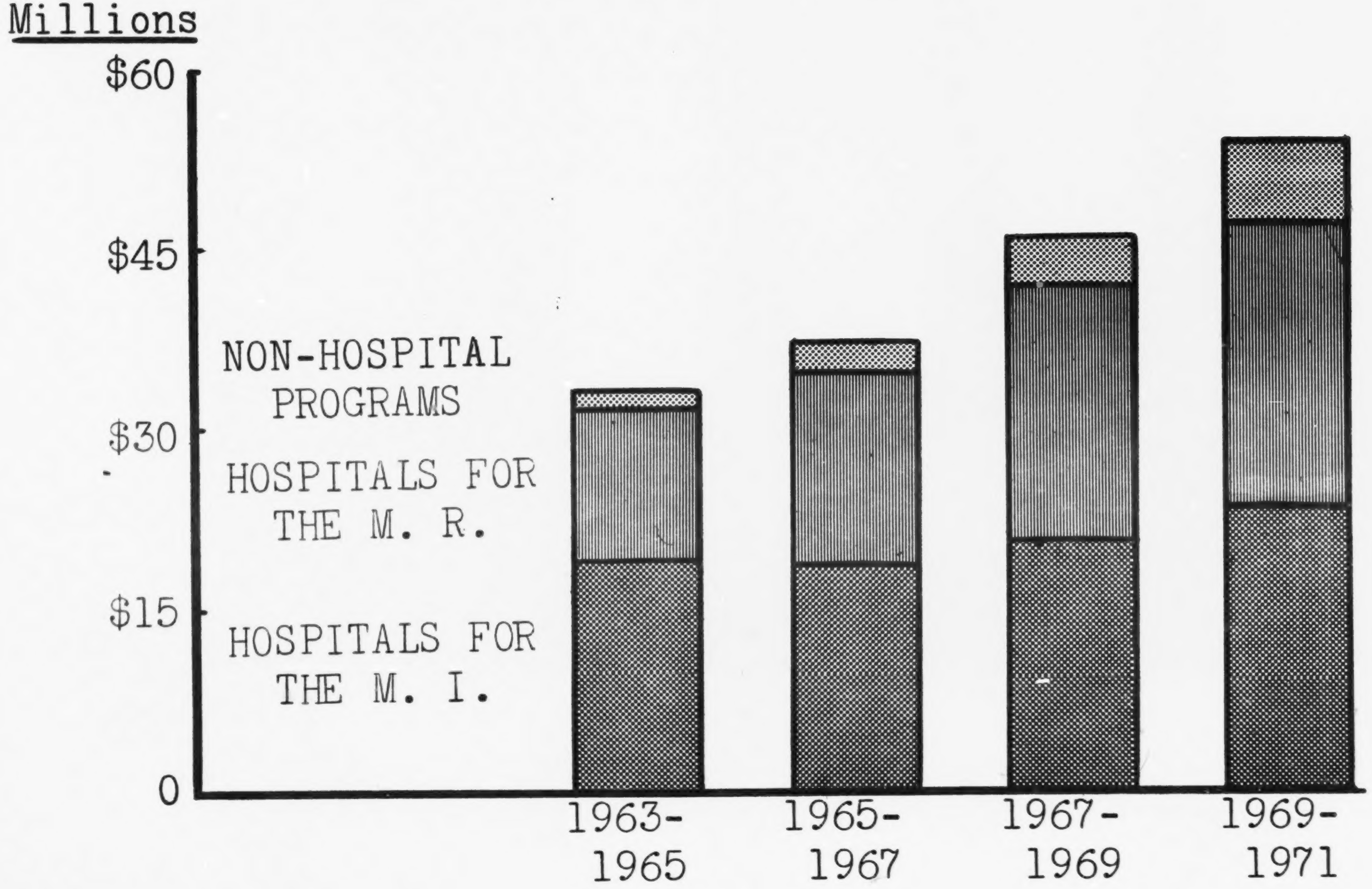
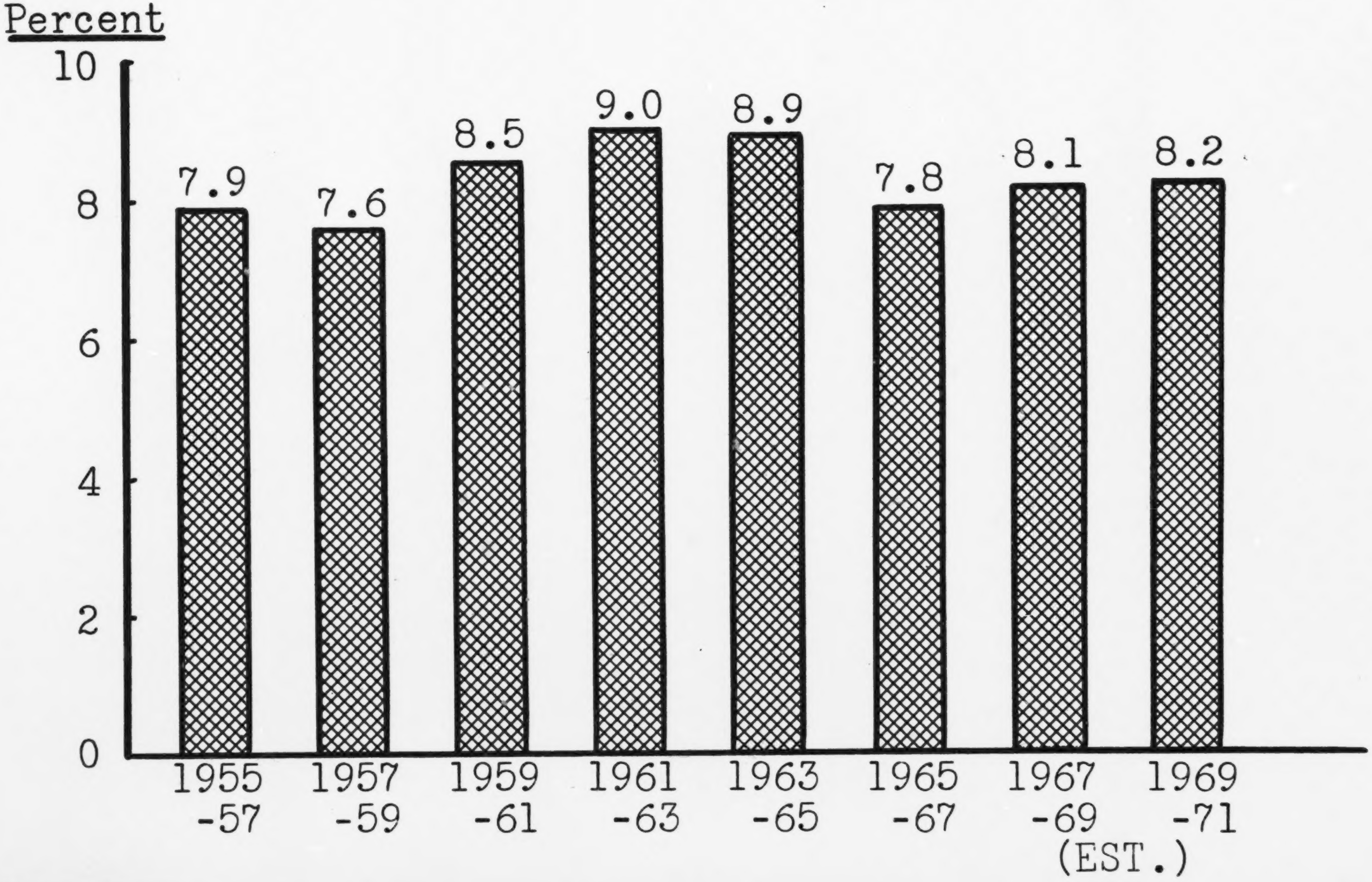


CHART 19

## PERCENT OF GENERAL FUND FOR MENTAL HEALTH DIVISION PROGRAMS



## CHART 20

# MENTAL HEALTH DIVISION BUDGETS

## 1963-1971

| Programs | 1963-65 Actual Expenditures | 1965-67 Actual Expenditures | 1967-69 Sp. Session App. Budget | 1967-69 Estimated Expenditures | 1969-71 Governor's Recommended Expenditures |
|---|---|---|---|---|---|
| Nonhospital Programs | | | | | |
| Administration . . . . . . | $ 142,434 | $ 194,813 | $ 227,285 | $ 232,515 | $ 330,988 |
| Community Services . . . . | 90,160 | 131,759 | 204,764 | 209,010 | 227,141 |
| Grant-in-Aid. . . . . . | 633,676 | 1,542,331 | 2,521,627 | 2,521,627 | 3,441,792 |
| Facilities Const. (Fed.) | . . | 67,484 | 2,334,104 | 444,844 | 846,000 |
| Categorical Grant (Fed.) | | | | | |
| Program Development . . | 15,325 | 26,884 | 23,666 | 100,802 | 125,700 |
| Grant-in-Aid. . . . . . | 81,023 | 62,720 | 62,000 | 62,000 | 62,000 |
| Administration. . . . . | 37,967 | 41,660 | 44,334 | 62,777 | 75,900 |
| M-R Planning (Federal) . . | 20,104 | 37,233 | 35,086 | 45,975 | . . |
| Alcohol and Drug Section . | 258,509 | 265,709 | 377,975 | 435,903 | 545,927 |
| Trainable Day Care . . . . | 16,666 | 69,927 | 47,100 | 47,205 | 498,214 |
| Purchase of Child Care . . | . . | . . | 200,000 | 150,000 | 424,800 |
| M-H Planning (Federal) . . | 88,000 | . . | . . | . . | . . |
| Misc. Federal Grants . . . | 22,346 | . . | . . | 56,945 | 155,387 |
| Total | $ 1,406,210 | $ 2,440,520 | $ 6,077,941 | $ 4,369,603 | $ 6,733,849 |
| Hospitals for Mentally Ill | | | | | |
| Oregon State Hospital. . . | $10,710,504 | $10,996,134 | $11,901,861 | $12,198,161 | $14,025,928 |
| Eastern Oregon Hospital and Training Center . . | 5,215,625 | 4,325,783 | 4,066,222 | 4,094,321 | 4,279,217 |
| Dammasch State Hospital. . | 3,318,743 | 3,882,537 | 4,587,649 | 4,695,437 | 5,312,340 |
| Total | $19,244,872 | $19,204,454 | $20,555,732 | $20,987,919 | $23,617,485 |

| Programs | 1963-65 Actual Expenditures | 1965-67 Actual Expenditures | 1967-69 Sp. Session App. Budget | 1967-69 Estimated Expenditures | 1969-71 Governor's Recommended Expenditures |
|---|---|---|---|---|---|
| **Hospitals for Retarded** | | | | | |
| Fairview Hospital and Training Center . . | $10,546,683 | $12,322,453 | $14,576,559 | $14,755,855 | $16,171,958 |
| Eastern Oregon Hospital and Training Center . . | 48,503 | 1,519,869 | 3,463,820 | 3,487,755 | 4,559,761 |
| Columbia Park Hospital and Training Center . . | 1,928,217 | 2,195,435 | 2,672,228 | 2,692,587 | 3,212,449 |
| Total | $12,523,403 | $16,037,757 | $20,712,607 | $20,936,197 | $23,944,168 |
| **Expenditures by Fund** | | | | | |
| General Fund . . . . . . . . | $32,221,636 | $36,710,942 | $44,061,321 | $44,734,607 | $52,199,037 |
| Other Funds. . . . . . . . . | 952,849 | 971,789 | 3,284,959 | 1,559,112 | 2,096,465 |
| Total | $33,174,485 | $37,682,731 | $47,346,280 | $46,293,719 | $54,295,502 |
| **Capital Construction (Board of Control Budget)** | | | | | |
| M-H Facilities . . . . . . . | . . | $ 538,699 | $ 1,690,358 | $ 1,528,097 | $ 366,372 |

NOTE: Salary Adjustment Requirements are estimated as follows. These amounts are recommended for addition to the appropriation bill prior to passage by the Legislature.

| | 1969-71 Governor's Recommended Expenditures | Salary Adjustment Requirement | Total |
|---|---|---|---|
| Nonhospital Programs | $ 6,733,849 | $ 123,521 | $ 6,857,370 |
| Hospitals for M.I. | 23,617,485 | 2,154,794 | 25,772,279 |
| Hospitals for M.R. | 23,944,168 | 2,455,028 | 26,399,196 |
| Total | $54,295,502 | $ 4,733,343 | $59,028,845 |

# APPENDIX B

## CAPITAL CONSTRUCTION (MEMORANDUM)

The capital construction program is the responsibility of the office of the Secretary of the Board of Control and is included within that budget. This summary is informational only.

The Mental Health Division recommendations to the Board of Control followed the principle of deferring any recommendations for capital construction if the possibility existed of mounting program in existing space by making personnel available. Alternative or substitutive programs were also considered. Thus, a children's psychiatric unit is not recommended at this time in spite of the fact that it was proposed in the 1967-69 budget. Instead, expansion of the Purchase of Care Program and initiation of treatment programs for adolescents have been recommended in the operating budget.

Division capital construction costs in the next biennium will be only $366,372. However, planning funds are requested for a new psychiatric security unit and an intensive care cottage at Fairview Hospital and Training Center.

The following chart and tables display the capital construction recommendations for the years 1969 through 1975.

# CHART

# MENTAL HEALTH DIVISION
# CAPITAL CONSTRUCTION PROGRAM
# SUMMARY OF ACTION AND RECOMMENDATIONS
# 1967 THROUGH 1975

| | Item | Governor's Recommendations 1967-73 | | | 1967 Legislative Action on 67-69 Recommendations | Governor's Recommendations 1969-75 | | |
|---|---|---|---|---|---|---|---|---|
| | | 67-69 | 69-71 | 71-73 | | 69-71 | 71-73 | 73-75 |
| OSH | Children's Unit | build | - | - | failed | - | - | - |
| | Dietary Building | - | build | - | - | - | - | - |
| | Psychiatric Security Unit | - | - | - | - | plan* | build | - |
| DSH | Office Space | - | build | - | - | build | - | - |
| | Treated Water Bypass | - | - | build | - | build | - | - |
| EOHTC | Multipurpose Building | - | build | - | - | - | build | - |
| | Remodel Two Wards | build | - | - | approved | - | - | - |
| | Medical Surgical Unit | - | - | build | - | - | build | - |
| | Greenhouse | - | - | - | - | - | - | build |
| | Gutter and Downspout | - | - | - | - | build | - | - |
| | Paint and Repair Building | - | - | - | - | - | build | - |
| | Commissary Warehouse | - | - | - | - | - | - | build |
| FHTC | Dietary Building | build | - | - | approved | - | - | - |
| | Intensive Care Cottage | build | - | - | failed | plan* | build | - |
| | Education and Research Building | - | - | build | - | - | build | build |
| CPHTC | Multipurpose Building | - | build | - | - | - | - | - |
| | Administration Building-Acute Srugical Unit | - | build | - | - | - | - | - |
| | Curry Replacement | - | - | - | - | - | build | - |
| | Shop Complex | - | - | - | - | build | - | - |
| | Electrical Renovation | - | - | - | - | - | build | - |
| | Pritchett Replacement | - | - | - | - | - | - | build |

---

*Plan = Funds for preliminary plans in Administrative Services Division (Office of the Secretary).

The preliminary costs estimates for the capital construction program for 1969-1975 are as follows:

Capital Construction Program

1969-71

| | Project | Amount |
|---|---|---|
| CPHTC | Replace Shop Complex | $ 62,275 |
| FHTC | Intensive Care Cottage Planning | * |
| DSH | Office Space | 118,876 |
| OSH | Maximum Security Building | * |
| DSH | Treated Water Bypass | 53,007 |
| EOHTC | Gutter and Downspout Replacement | 132,214 |
| | Total | $ 366,372 |

---

*Planning funds included in Administrative Services Division (Office of the Secretary of Board of Control)

## Capital Construction Program

### 1971-73
(not in priority order)

| | Project | Amount |
|---|---|---|
| OSH | Psychiatric Security Unit | $2,200,000 |
| CPHTC | Replace Curry Cottage | 450,000 |
| CPHTC | Electrical Renovation | 50,000 |
| EOHTC | Craft and Therapy Activities Building | 348,560 |
| EOHTC | Paint and Repair Building Exterior | 135,700 |
| EOHTC | Medical-Surgical Unit | 650,000 |
| FHTC | Intensive Care Cottage | 591,000 |
| FHTC | Education and Research Building | 500,000 |
| | Total | $4,925,260 |

### 1973-75
(not in priority order)

| | Project | Amount |
|---|---|---|
| CPHTC | Replace Pritchett Cottage | $ 500,000 |
| EOHTC | Replace Greenhouse | 75,480 |
| EOHTC | Commissary Warehouse | 76,500 |
| | Total | $ 651,980 |

## APPENDIX C

## REIMBURSEMENT (MEMORANDUM)

Reimbursement, or receipt of payment for patient care, is a responsibility of the office of the Secretary of the Board of Control. All receipts accrue to the General Fund. Since most revenues stem from Mental Health Division hospitals, a brief memorandum is inserted here.

During fiscal years 1966-67 and 1967-68, reimbursement was as follows:

### 1966-67

| | |
|---|---|
| Hospitals for the Mentally Ill | |
| OSH | $ 842,378 |
| EOHTC | 385,771 |
| DSH | 321,850 |
| | $1,549,999 |
| Hospitals for the Mentally Retarded | |
| FHTC | $ 601,274 |
| CPHTC | 137,103 |
| EOHTC | 93,195 |
| | $ 831,572 |
| Total | $2,381,571 |

### 1967-68

| | |
|---|---|
| Hospitals for the Mentally Ill | |
| OSH | $1,508,993 |
| EOHTC | 645,308 |
| DSH | 475,665 |
| | $2,629,966 |
| Hospitals for the Mentally Retarded | |
| FHTC | $ 663,023 |
| CPHTC | 149,469 |
| EOHTC | 139,709 |
| | $ 952,201 |
| Total | $3,582,167 |

The increase in reimbursement from fiscal year 1966-67 to fiscal year 1967-68 was $1,200,596. Much of the increase was due to reimbursement from the Public Welfare Commission for the Medical Assistance to the Aged in Mental Hospitals program under Title XIX of the Social Security Amendments of 1965 (Medicaid). Total billings under this program for 1967-69 are projected at $3,784,905. Since approximately 53 percent of this revenue is from Federal sources, a real revenue accrual to the General Fund of approximately $2 million is anticipated.

It should be noted that the Medicaid Program was carried out by the mental hospitals without addition of any staff members or other added resources. This required a considerably more elaborate and time-consuming evaluation of, and planning for, each patient. The workload imposed by additional procedures was substantial.

It is anticipated that the Medicaid program will continue through 1969-71. Considerable reimbursement can be anticipated. Since the Federal law intends that these revenues to the State should be used to improve mental health services, care should be given to identifying program improvements based upon this revenue increase.

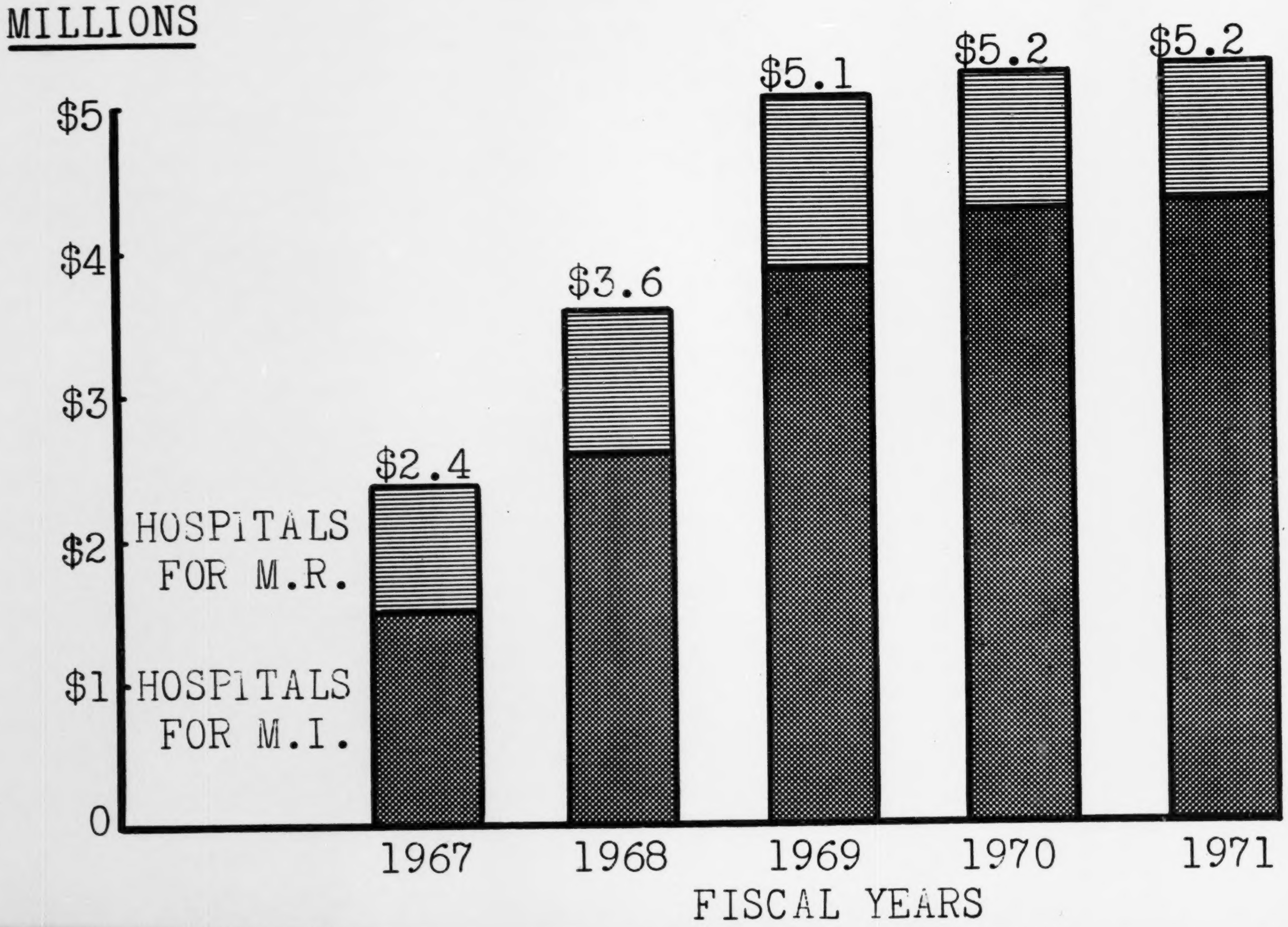
Estimated reimbursement for the 1969-71 biennium is approximately $10.5 million. The chart which follows is illustrative.

A further source of potential reimbursement in the future is now being studied by the Mental Health Division and Public Welfare Commission staffs. Federal regulations allow for payments under various Federal matching programs for the cost of care of the mentally retarded in institutions. Patients must be classified according to age, legal eligibility, financial eligibility, and need for services in a hospital, skilled nursing home, or intermediate care facility. An estimate of the eligible population, the potential reimbursement, and associated administrative costs is now being developed.

Parenthetically, the recent SCOPE survey has provided an unanticipated payoff by being available as a source of data from which to estimate the number of patients requiring various types of services in the hospitals for the mentally retarded.

CHART 22

MENTAL HEALTH DIVISION
REIMBURSEMENT FOR PATIENT CARE



# APPENDIX D

## UTILIZATION OF FEDERAL FUNDS AUTHORIZED UNDER SECTION 314(d) OF PUBLIC HEALTH SERVICE ACT, AS AMENDED (FORMER "CATEGORY" GRANT)

Since 1953, Oregon has received a yearly grant of Federal funds to assist in the development of community mental health services. At present, these funds are provided under Section 314(d) of the Public Health Service Act, as amended. The purpose of the grants is "to assist the States in establishing and maintaining adequate public health services, including the training of personnel for State and local health work."

Prior to the enactment of Public Law 89-749 on November 3, 1966, each state received nine separate grants for categories of health or disease problems, including mental health. Public Law 89-749 replaces these nine categorical grants with one block grant for health services but requires that "at least 15 percentum of a State's allotment . . . shall be available only to the State mental health authority for the provision under the State plan of mental health services." Amendments of 1967 require that at least 70 percent of the State's allotment shall be available only for services in communities of the State.

The proposed plan of the Mental Health Division for the use of these funds during the 1969-71 biennium is summarized as follows:

1. Approximately 18 percent is proposed for salary and expenses of one psychiatric social worker on the Community Services Section staff, who works as mental health consultant to a group of 12 counties. Full-time services of a public information representative are also included under this heading.

2. About 7 percent is proposed for continuing in-service training of staff members of the community clinics and other persons working with the mentally ill, such as ministers. This training is given through short-term conferences, workshops, and other training programs held in convenient locations.

3. Approximately 48 percent is proposed for special mental health demonstration projects to be carried out by individual clinics or other local agencies. These projects are funded on a competitive basis when other funds are not available. They enable communities to try, on a small scale, new kinds of mental health work, which offer promise of providing more economical or

more effective service or which may reach groups of people previously unserved. There is no commitment by local governments (or State government) to continue the service after the expiration of the grant period of three months to one year. Projects may be terminated or continued in the same or other areas of the state under different funding.

4. About 24 percent is proposed for inclusion in the regular grant-in-aid fund for continuing support of ongoing clinic programs.

The present and proposed future use of these funds by the Division continues trends established over the past several years. Funds are being used for these principal objectives:

1. Community mental health services should be extended to all geographic areas of the state. In years past, Federal categorical mental health funds were helpful in enabling 11 Oregon communities to establish clinics in the years prior to the beginning of state grant-in-aid (1962-63).

   Since state grant-in-aid became available, all parts of the state have established clinics except a number of Eastern Oregon counties where the sparse population makes it most difficult to provide a sufficient base of local funds. A special Federal fund grant to Harney County during 1964-66 enabled that county to begin and continue its own clinic. There was a demonstration project in Lake County in 1967; and, at present (1968-69), a project is being completed in Gilliam, Wheeler, and Grant Counties to study what services are appropriate for that area.

2. Intensive treatment services should be available for severely disturbed children in their own communities. Diagnostic services are increasingly available throughout the state, as is outpatient treatment that is adequate for many mildly disturbed children.

   A number of special projects and studies have been designed to try out more intensive and powerful treatment services which are needed for the severely disturbed child. These have included a survey of treatment needs of the most severely disturbed children in the caseload of the Community Child Guidance Clinic in Portland, a therapeutic nursery program at the Tualatin Valley Guidance Clinic in Beaverton, a companionship therapy program utilizing college students (being started in Clackamas County), a human relations counseling and educational program in Curry County high schools, and a therapeutic foster care program being planned in Benton County.

3. Mental health programs should not rely exclusively on the services of professional mental health specialists, but should learn how to use persons with other experience and training, including volunteers. During 1966-67, Douglas County carried out a successful project in which former state hospital patients and mental health clinic patients were employed by the hour to assist other patients under professional supervision. This project was so successful that the Douglas County Court has continued to budget it as an ongoing service in subsequent years.

   Jackson County trained and employed the first nurse to work as a full-time therapist in an Oregon mental health clinic. Lincoln County is beginning an ambitious project to recruit, train, and supervise a group of volunteers to help the mental health clinic and its clientele in a variety of ways, e.g., attending acutely disturbed patients being held in the local hospital for observation, transporting patients, and training in social living skills.

4. Mental health programs should help other community agencies accomplish their worthwhile aims related to mental health. For several years, these funds have been used to provide partial financial support of the annual Menucha conference of ministers and mental health workers.

5. Services for alcoholism, drug dependency, and chronic psychosis should be given more emphasis. Clinic staff members need more training and experience with these problems.

   A project in Yamhill County enables clinic personnel to receive training from the staff of the Alcohol and Drug Section treatment clinic in Portland. OUTSIDE IN, a health service and counseling program directed by Dr. Charles Spray and designed to reach the alienated, drug-abusing members of Portland's hippie community, was started through a three-month special project grant. The project in Douglas County (described under No. 3 above) helps patients who are trying to become readapted to community life after discharge from Oregon State Hospital.

6. Members of the community should know what mental health services are available and utilize them appropriately. Community people should play a major role in planning services that will fit their particular community's needs. In Linn County and Washington County, methods were tried for surveying public knowledge of, and attitudes toward, the clinics; for utilizing mass media more effectively; and for increasing cooperation among agencies serving the same clientele.

   In another special project financed by a small grant of these Federal funds, Curry County citizens will do a careful study of all community services related to mental health. They will try to arrive at a more wise and realistic plan for use of available local and state mental health funds than is available to any other Oregon community.

In Portland, staff members of the Community Child Guidance Clinic are conducting a sample survey of several hundred randomly chosen households of Southeast Portland to learn the extent of mental health problems in these urban families and the degree to which they are using this clinic and other agencies in the area.

7. There should be a constant effort to improve the quality and effectiveness of mental health services. The position of one full-time social worker on the Division staff is provided from these funds. His job, as is true for staff paid from State funds, is to assist communities in rendering better service.

   The Association of Oregon Mental Health Clinic Directors has been awarded a grant to assess the use of a scale for measuring patients' community adjustment. This objective, quantified scale should increase considerably each clinic's ability to find the treatment method which it can best use. It will also be useful to the state hospitals in evaluating aftercare of patients.

Following are summaries of special projects approved from 1962 through 1969, special projects pending approval for 1968-69, and a map indicating areas of the state which have received such grants (Chart 22).

## Summary
## Applications Approved for Special Project Grants
## 1962-69

| | | |
|---|---|---|
| 1. | Initiating Treatment for Alcoholics in Mental Health Clinics -- Yamhill County | $ 1,875 |
| 2. | OUTSIDE IN -- Multnomah County | 6,000 |
| 3. | Mental Health Center, Public Relations -- Washington County | 3,310 |
| 4. | Psychiatric Day-Care Nursery -- Washington County | 2,976 |
| 5. | Community Mental Health Education -- Lake County | 1,600 |
| 6. | Mental Health Clinical Assistant -- Jackson County | 2,702 |
| 7. | Community Mental Health, Public Relations -- Linn County | 4,120 |
| 8. | Mental Health Clinical Associate -- Douglas County | 2,315 |
| 9. | Child Guidance Service, Innovations -- Multnomah County | 18,568 |
| 10. | Community Mental Health Clinic, Demonstration -- Harney County | 25,488 |
| 11. | Mental Health Needs and Services in Sparsely Populated Eastern Oregon Counties -- Gilliam, Grant, and Wheeler Counties | 24,475 |
| 12. | Evaluation of Mental Health Services, Southeast Portland -- Multnomah County | 10,900 |

## Detail of Special Projects

1. Initiating Treatment for Alcoholics in Mental Health Clinics
Yamhill County -- January 9, 1969, to June 30, 1969 $ 1,875

The purpose of this demonstration grant is to enable specialized clinicians experienced in the treatment of alcoholics to train local mental health clinic staff in identifying and working with alcoholics within the present general treatment load of the clinic. The project also provides in-service training for staff members in a specialized alcoholic clinic.

This project should help other Oregon mental health clinics move forcefully into developing comprehensive treatment programs at the local level for persons with drinking problems.

2. OUTSIDE IN
Multnomah County -- June 1, 1968, to September 30, 1968 $ 6,000

One of the major purposes of the project is to provide Portland's community of hippies, adolescent runaways, and drug users with an acceptable avenue to medical attention, psychiatric consultation, counseling and guidance, reunion with parents, health education, employment possibilities, job training, and, where needs are acute, such basic resources as food and shelter. Another major aim of the project is to provide Portland's "straight" or "uncommitted" teen-ager with an alternative to "dropping out." The third major project goal is to provide the scientific community with an avenue for research into the problems of drug abuse, adolescent runaway behavior, and the "hippie subculture."

3. Mental Health Center, Public Relations
Washington County -- June 19, 1967, to June 30, 1968 $ 3,310

The purpose of this demonstration grant was to create a favorable climate in the community for the existing clinic services and for a mental health center planned for the future. An intensive public relations orientation of the clinic board and staff members to form an effective team for ongoing public relations programs was carried out. A "how to do it" manual for community mental health programs was created.

4. Psychiatric Day-Care Nursery
Washington County -- January 1, 1967, to September 30, 1967 $ 2,976

The Tualatin Valley Guidance Clinic demonstrated the value of a psychiatrically oriented day-care center for preschool children within the operation of an ongoing nursery school. This project enabled the clinic staff to extend its mental health services into the preventive arena with families who have younger children. Additionally, it helped reach a group of preschool children in foster home placements who are at high risk for mental illness.

5. Community Mental Health Education
Lake County -- March 1, 1967, to November 30, 1967 $ 1,600

This demonstration project was for education in the field of mental health problems. A psychiatrist met with community physicians, ministers, teachers, school principals, school counselors, juvenile counselors, and the general public. Community interest and understanding of mental health were greatly improved as a result of the project.

The County Commissioners budgeted several thousand dollars to begin providing mental health services for the citizens of Lake County.

6. Mental Health Clinical Assistant
Jackson County -- June 1, 1967, to December 31, 1967 $ 2,702

This clinical assistant demonstration project selected and trained a person from the population at large to become a full-time staff member of the Jackson County Family and Child Guidance Clinic. The person selected is a college graduate with a Bachelor's Degree in Psychology and is a registered nurse. Duties include research, home visits, screening interviews, relationship and supportive therapy, and transporting of patients. This position is now a regular part of this agency's budget.

7. Community Mental Health, Public Relations
Linn County -- June 19, 1967, to July 31, 1968 $ 4,120

This was a public relations project to gain community support for a relatively new community mental health program in a county where United Appeal consistently runs below the goal. Surveys through use of questionnaires, discussions, etc., were used to learn what the community knew about Linn County's mental health clinic. The project developed improved methods of educating Linn County citizens about the mental health resources available to them.

Manuals, pamphlets, and methods were developed which can be used by other community mental health programs throughout the state to better communicate their services to the public.

8. Mental Health Clinical Associate
Douglas County -- April 1, 1967, to September 30, 1967 $ 2,315

The clinical associate demonstration was an effort to recruit, train, and use persons from the community to do mental health work even though these persons did not have professional training. It was found that patients and former patients are an excellent reservoir for potential clinical associates.

These nonprofessionals can successfully do some of the relationship work heretofore thought of as the sole province of the professionally trained mental health worker. The concept demonstrated by this project has gained acceptance and is now an integral part of the Douglas County Family Service Clinic budget.

9. Child Guidance Service, Innovations
Multnomah County -- July 1, 1962, to June 30, 1963 $18,568

This project was for the purpose of evaluating and improving a screening program for emotionally disturbed children, increasing psychiatric treatment and consultative follow-up so as to evaluate alternatives to institutional placement, and expediting research and development of family diagnostic devices and services.

As a direct result of the work of this project, the Community Child Guidance Clinic has modified, and will continue to modify and elaborate, its services to the community it covers.

10. Community Mental Health Clinic, Demonstration
Harney County -- June 1, 1964, to May 31, 1966 $25,488

This was a two-year project to demonstrate the value of a community mental health program in Harney County. A full-time clinic in Burns was supported entirely by Federal funds for two years. The project was successful in securing the continued operation of the Harney County Mental Health Clinic through state-local grant-in-aid.

Currently, Harney County has Oregon's second highest per capita expenditure for a community mental health program.

11. Mental Health Needs and Services in Sparsely Populated Eastern Oregon Counties
Gilliam, Grant, and Wheeler Counties
June 1, 1968, to June 30, 1969 $24,475

This demonstration grant is to provide a skilled mental health worker to visit three North Central Oregon counties for the purpose of assessing and documenting needs and community interest in the use of mental health services. These three counties have no formal mental health services and no local governmental budget for services. There are only two other Oregon counties in this category.

It is the hope of the Mental Health Division that this project will help facilitiate the development of adequate mental health services for this region on a continuing basis.

12. Evaluation of Mental Health Services, Southeast Portland
Multnomah County -- June 1, 1968, to June 30, 1969 $10,900

This project is for evaluating need, use, and impact of mental health services on the southeast catchment area of Portland. The survey will yield data on prevalence of mental health problems in an area containing approximately one-fourth of the population in Portland.

Additionally, it will help to understand how and why some local resources are used and why some are not. This should assist the "helping" agencies in providing more effective programs for the mentally ill.

## Summary
## Applications Pending for Special Project Grants
## 1968-69

| | | |
|---|---|---|
| 1. | Volunteer Coordination and Utilization -- Lincoln County | $ 4,390 |
| 2. | The Personal Adjustment and Role Skills Scale -- Statewide | 2,500 |
| 3. | Survey, Analysis, and Evaluation of Mental Health Needs -- Curry County | 3,260 |
| 4. | High School Human Relations Seminar -- Curry County | 4,581 |
| 5. | College Companion-Tutor Project -- Clackamas County | 6,296 |
| 6. | Patient Progress Evaluation Scales -- Multnomah County | 1,055 |
| 7. | Foster Home Program for Emotionally Disturbed Children -- Benton County | 10,800 |

## Detail of Special Projects

1. Volunteer Coordination and Utilization
Lincoln County -- To be activated $ 4,390

This project is to demonstrate an effective set of procedures for the recruitment, development, and utilization of community-derived volunteer services in support of clinic responsibilities. Some examples include: lay attendance of locally-hospitalized patients, companions and trainers in social living skills, specialized employment development and placement, clerical assistance, legal-economic assistance, direct therapeutic interaction, and transportation.

2. The Personal Adjustment and Role Skills Scale
Statewide -- To be activated $ 2,500

This demonstration grant is designed to develop a personal adjustment and role skills scale for assessing changes in persons seeking help from the community mental health clinics. It will give local programs a measurement of the typical progression of community adjustment as patients enter and receive service in the clinics.

Oregon's clinic system urgently needs to develop proficiency in the conduct of such evaluative efforts, since it gives direct service to more 7,000 new patients and clients per year. (This project does not duplicate Project No. 6; its purpose is complementary.)

3. Survey, Analysis, and Evaluation of Mental Health Needs
Curry County -- To be activated $ 3,260

This survey, analysis, and evaluation of the mental health needs of Curry County is to understand which services now exist, evaluate what exists and compare with what is needed, develop a priority schedule, and find ways to meet these needs. Assumuming this pilot attempt is successful, it can be used as a model by other community mental health programs.

4. High School Human Relations Seminar
Curry County -- To be activated $ 4,581

The purpose of this high school human relations seminar demonstration project is to show the feasibility of enhancing a health emotional development in high school students through student group discussions.

Some students reflect the economic and emotional instability of local families through the following kinds of behavior: depression, boredom, rebellion, and lack of meaningful closeness and communication with parents. With the assistance of this project, the students will be helped, through free and open discussions, to better understand themselves and others, modify their behavior, and determine immediate and future goals.

5. College Companion-Tutor Project
Clackamas County -- To be activated $ 6,296

The college student companion-tutor project is planned to demonstrate a coordinated program that delivers economical and ongoing one-to-one help to mentally and emotionally handicapped children, enlivens the teaching of psychological concepts to college students, and supplies further data on the efficacy of mental health assistants to the research literature.

The treatment of mentally and emotionally handicapped children is expensive and frequently unavailable due to critical shortages of qualified professionals. Hopefully, this project will demonstrate another model that should be considered.

6. Patient Progress Evaluation Scales
Multnomah County -- To be activated $ 1,055

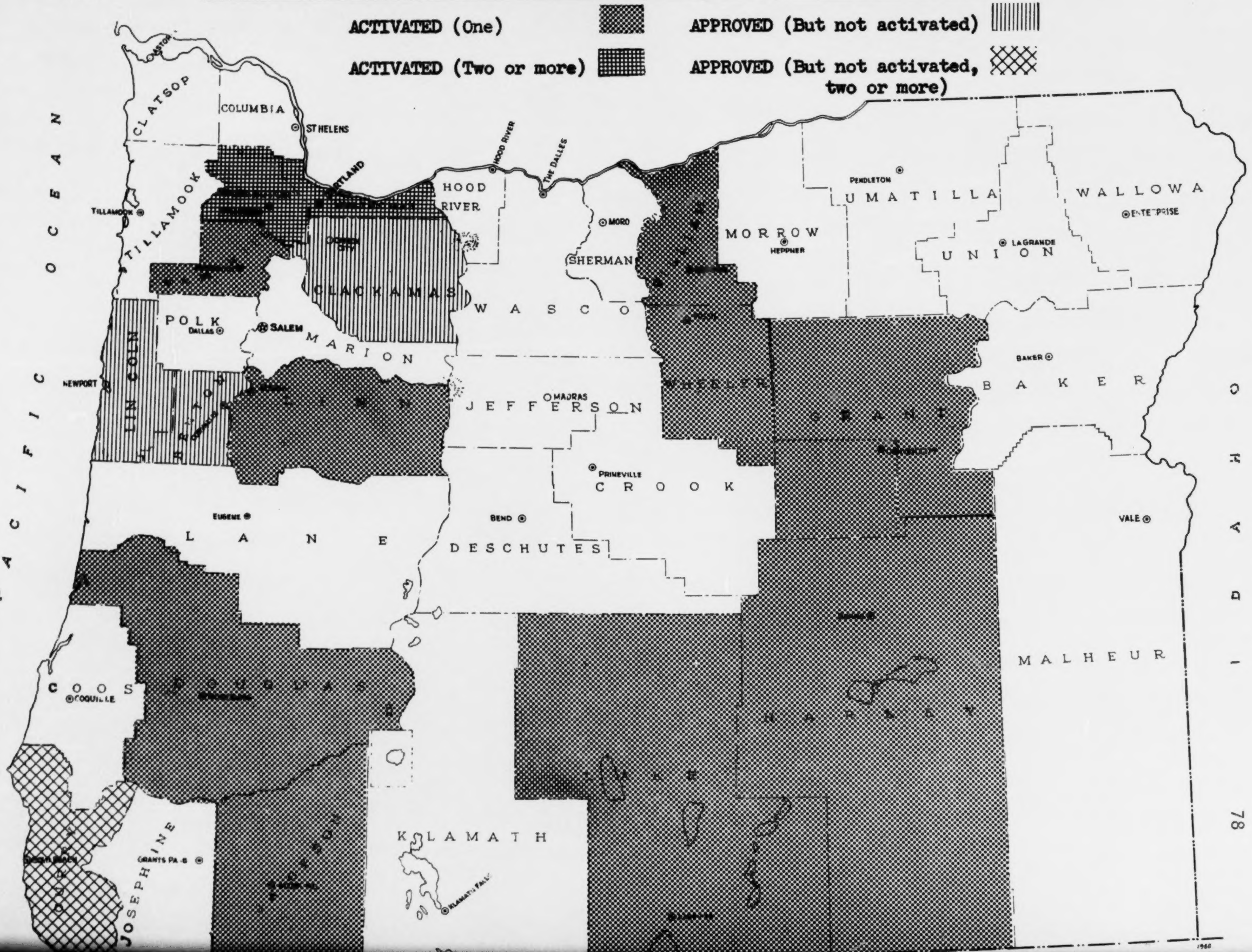
The patient progress evaluation scales are being developed as an additional measure of change in patients undergoing treatment. Once developed, these scales could help train therapists, determine when termination of patient care is indicated, provide a review procedure to aid the therapeutic process, and serve as a research tool for the evaluation of different therapeutic methods. (This project does not duplicate Project No. 2; its purpose is complementary.)

7. Foster Home Program for Emotionally Disturbed Children
Benton County -- To be activated $10,800

The aim of the project is to demonstrate the development and administration of therapeutic foster care as a community mental health service. It appears that many severely troubled children need this type of service after residential treatment or as an alternative.

CHART 23

## DEMONSTRATION GRANTS (SPECIAL PROJECTS)



ACTIVATED (One)
ACTIVATED (Two or more)
APPROVED (But not activated)
APPROVED (But not activated, two or more)
PACIFIC OCEAN
IDAHO
CLATSOP
ASTORIA
COLUMBIA
ST HELENS
TILLAMOOK
PORTLAND
HOOD RIVER
THE DALLES
MORO
SHERMAN
WASCO
MORROW
HEPPNER
UMATILLA
PENDLETON
WALLOWA
ENTERPRISE
UNION
LAGRANDE
BAKER
CLACKAMAS
OREGON CITY
POLK
DALLAS
SALEM
MARION
LINCOLN
NEWPORT
JEFFERSON
MADRAS
WHEELER
GRANT
CROOK
PRINEVILLE
LANE
EUGENE
DESCHUTES
BEND
VALE
MALHEUR
HARNEY
COOS
COQUILLE
DOUGLAS
KLAMATH
KLAMATH FALLS
JOSEPHINE
GRANTS PASS
LAKE
1960